Abstract of PhD Thesis:

Narrating the Regulation: The Pharmaceutical Policy in the Czech Republic as an Example

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The dissertation explored the relationship between discourses, narratives and institutional change, which was conceived as a driving force of social dynamics. The empirical section dealt with changes of healthcare and was based on the idea that the narrative perspective is ideal for studying the institutional dynamic of welfare states, which is characterised by a tension between citizens' rising expectations, on the one hand, and the imperative of permanent austerity, on the other hand. Narratives temporally order various series of events into an intelligible whole, structure the past and create a relation between the past, the present and the future. From the narrative perspective, governance is a kind of reflexive developmental trajectory connecting the past with an anticipated future. Governments articulate themselves as actively shaping their policies through acts of choice in the name of a better future. However, in this globalised and interconnected modern world, governments are not able to define the better future on their own, and their acts of choice are embedded in certain transnational discursive imaginaries that define the horizons of public policy.

With respect to those imaginaries in the field of pharmaceutical regulation, the second half of the twentieth century was marked by a shift to "techno-medicine" (Pickstone 2000) or a shift from medicalisation to biomedicalisation (Clarke et al., 2003). Medicine moved deeper and deeper into the structures of human body and biotechnologies became important in the constitution of modern identities. The medical discourse also spread into a number of fields: from genetic testing through the justice system to assisted reproduction. Generally speaking, medicine defines the limits of normal behaviour, categorises problems as individual and individually manageable, and classifies these problems as the result of biological dysfunction. Contemporary biomedicine interlinks a diversity of hopes, generates a diversity of possible futures, and offers us various choices we can make to enjoy a good quality of life. It is everyone's responsibility to decide whether or not to benefit from these choices, and people expect from the state to create an environment where they can pursue their choices easily. This discursive imaginary of health hopes is connected with promises of better care, medical innovations, shifting away from an outdated and inefficient care, and increasing life expectancy and quality of life. It urges us to think that modern medicine makes our lives better and longer. This imaginary structured significantly the first period of post-socialist transformation and Tomáš Julínek's reform after 2006. In both cases, this imaginary was contrasted sharply to the hierarchical and sclerotic systems of the past that were too inflexible to react to acceleration of the biomedical field. Under the same imaginary, hierarchies of knowledge and a superior position of medical experts were constructed and maintained. From the institutional point of view, this imaginary put into being tools to enhance the implementation of medical innovation and responsibility in the medical sense.

However, since the 1980s, the health budgets of Western European countries have been under constant pressure. At the same time, patients' expectations have been rising and, in turn, expenditures have been rising as well. The tendency of doctors to overuse medicines and the monopoly power of pharmaceutical companies are both long-standing justifications for public policy efforts to reduce the prices of

pharmaceuticals. During the period up to 2009, all OECD countries saw their health spending outpace economic growth. This excessive spending is believed to produce unbalanced public budgets and make budgets more prone to fiscal crisis; but it allegedly also ruins temperance and prudence as the fundamental moral principles of the modern capitalist state. For these reasons, the policy narratives of fiscal reforms have been framed not only as a way in which public budgets can be cured but also as cures to moral order, renewing personal responsibility, transparency and rule of law. Under the same imaginary, one can encounter either depictions of corrupt individuals consuming health care irresponsibly, or with images of greedy pharmaceutical companies which are able to capture policymakers to act in their interest. This imaginary is connected with concepts such as increasing government debt, healthcare spending, insecure fiscal future and economic responsibility. From the institutional point of view, these discursive imaginaries justified the tools that limited expenses and enhancing responsibility in the economic sense.

These transnational imaginaries directly influenced the national policies but also steered them through supranational structures such as the EU. National policy makers reflect on institutional development in other member states, and the EU itself has some powers over pharmaceutical regulation. With emphasis on making modern pharmaceutical products accessible in the European market, the European Commission can be counted as a strong institutional promoter of the social imaginary of health hopes, namely in its biomedicalised mode. Besides, the European Union promotes also the elements of fiscal stability through the European Central Bank or the euro convergence criteria. The Union, however, produces these contradictory discursive imaginaries as institutionally separated. Because there is no common European budget for pharmaceuticals, conflicts between medical innovations and fiscal responsibility do not have to be reconciled at the European level and are left by the European commission, as an institutional actor, to individual states.

Consequently, at the national level, both discursive imaginaries can produce different narratives, justifying different institutional solutions related to broader cultural systems of rules and values of community solidarity. Using the cultural theory developed by Mary Douglas and Aaron Wildavsky (Douglas 1993; Thompson, Ellis and Wildavsky 1990), narratives can be defined according to how they articulate societal constraints for individual members and how they defy or circumvent the rules and boundaries of their particular social environment. Cultural codes organise narratives along specific classification schemes of basic assumptions in which each code is defined in contradistinction to the narratives based upon other codes. Each code proposes a different grammar of policy narratives as well as a different theory of regulation, which differently explains the origins of regulation. They act as grammars representing different dimensions of how regulation might be problematised or articulated. In each of this dimension, different criteria can be used in order to evaluate the regulation and different questions can be raised. From the institutional point of view, cultural codes propose different institutional tools modelling market, hierarchical or egalitarian relations. Under some circumstances, they can also produce the feeling of fatality, which postulates no institutional change or passively accepts external pressures.

Different regulatory codes also construct different types of disorder. Whereas crisis in the individualist code is connected with lack of incentives, crisis in the hierarchist code is associated with lack of reputation. Both dominant regulatory codes used in the transformation period proposed a model of patient deficit. The individualist code

depicted patients as rational actors who need to learn skills to work in the new model of health care. In contrast, a deficit of knowledge is articulated in the hierarchist code, calling on professional authorities to protect patients' interest because patients are not able to do so themselves.

In the Czech context, the individualist code served predominantly to articulate a combination of the health hopes imaginary and the fiscal responsibility imaginary. On the contrary, the hierarchist code was often employed to express the fiscal responsibility imaginary. This historical configuration marked significantly the character of post-socialist welfare, because the positive imaginary of modernisation of health care was always associated with the individualist discourses of market-driven reforms. Efforts to strengthen rules and hierarchies, on the contrary, were much more underscored by fiscal doomsday scenarios.

Generally speaking, cultural theory uses cultural codes for classification of different societies. My analysis proposes to consider them rather as orders of justification, which define boundaries within society. For example, even in periods of dominance of the individualist code, the medical field continued to be described in the hierarchist code. At the same time, the political arena distinguished itself from the expert arena by using the egalitarian code, and the requirements of European law were displaced from the political arena using the fatalist code. From this perspective, cultural codes are not only used to blame perpetrators, identify victims and categorise solutions, but they serve also to construct the position of author and to define different moral orders for different realms of society.

As it was said in the introduction of my thesis, survival abilities of modern organisations do not rely on their organisational efficiency, but rather on their ability to incorporate socially legitimated elements in their formal structure. Consequently, such incorporation relies on a narrative practice which constructs, through interconnecting the past with future imaginaries via cultural codes, specific disequilibria and ways in which new equilibria can be established. These constructions of disorder formed the foundation of specific rights and authorities for particular institutional changes. The explanatory model based upon an interplay between paradigmatic discourses and cultural codes in narrative structures provides us with a key to critical examination of institutional dynamics in modern societies. My analysis demonstrated that a combination of Foucaultian discursive analysis with cultural sociology might provide the explanatory model to grasp this interplay in its complexity and with respect to the main structural elements.