
Introduction

This special issue of the *Journal of Consumer Policy* is dedicated to the enrichment of the current discussion of health services with a perspective which so far has attracted little attention.

The present discussion of health services can be subsumed under two paradigms:

- the therapeutical paradigm
- the economic paradigm.

The therapeutical paradigm is governed by medical, pharmacological, and technological progress. A seemingly never ending flow of developments — just to name a few: high-tech surgery, biotechnological drugs, new treatment methods, modern diagnostic devices — creates the illusion that nearly every illness, every mishap is curable except for some not yet — but soon to be — vanquished tragic diseases such as AIDS. Even age may one day not be such a problem when its genetic messages become understood.

The economic paradigm points to the costs of the health industry explosion. Not only new technologies but also the changing age structure, the increased and never ending demand for health services, the permanent political request for savings in the social security and public or private health service systems, and windfall profits for doctors, hospitals, pharmaceutical undertakings, and other providers of health services, point to the “limits of growth.” Governments usually react by day-to-day cost saving manoeuvres in the form of budget cuts, patient contribution, etc.

Both paradigms — even though in frequent conflict with one another — pay no attention to the consumer’s need for *autonomy* as a patient as well as a healthy person. The consumer who receives health services is regarded as an object whose integrity has been subordinated to the challenges of new technology or to the strains of budget restrictions. The patient is at best seen as a helpless creature, at worst as a free rider.

The papers collected in this special issue of *Journal of Consumer Policy*, even though not based on a common theory, take a somewhat different approach.

The papers in the first part contain reflections about "New paradigms in the supply of health services". *Joel Rudd* and *Karen Glanz* use quality indicator measures developed in consumer research to evaluate health care choices. This approach seems promising in a country such as the US with a smaller amount of social security protection and a stronger insistence on the patient's role as (private) consumer. *Edgar Borgenhammar* reports about changes in the Swedish system of health services supply. It started in the welfare state tradition, but recent changes suggest a stronger insistence on consent to treatment and experimentation, thus reinforcing patient autonomy. New solutions to medical malpractice and drug liability problems in the form of voluntary insurance systems are being tried. *Robert Francke* analyses developments particularly in the Federal Republic of Germany, which allow for more initiatives to emanate from patient groups and at the same time demand a restructuring of the traditional expert-client relationship in the provision of services by doctors and hospitals. *Kumariah Balasubramaniam* points to the specific problems of poor patients in developing countries: High-tech medical and hospital services usually serve the elite of developing countries but not the poor whose needs must be met by less costly yet more efficient means which have to include the living and social environments. *Michel Bélanger* finally discusses the differences between international health and consumer law and the possible future realignment.

The second part of the issue is devoted to drug law which has always attracted much attention from industry, regulators, and consumers alike. *Dieter Hart* reports about recent trends in EEC drug law under the imperatives of the internal market, developments which start out from a paternalistic concept of consumer protection and only slowly take up issues of consumer sovereignty and participation. *Gerd Glaeske* demonstrates that the methods of comparative product testing developed by consumer organisations such as "Stiftung Warentest" can be used to inform the consumer/patient about the therapeutic value of OTC drugs (which may be insignificant even though these drugs have been admitted to the market by the regulatory authorities and are heavily advertised). *Günter Borchert* refers to case studies on TV advertising of OTC drugs which is allowed in Germany but increases consumer confusion; according to the author, it should therefore be completely banned.

The third part of the issue is devoted to case studies of situations

in which consumers are the victims of health hazards resulting from foods, chemicals, or drugs. *William L. F. Felstiner, Tom Durkin, and Peter Siegelmann* analyse the US asbestos litigation which established liability of the producers towards the consumer victims, mostly workers, but which is unable to improve overall standards in the marketing of hazardous products. *Guy Dehn* digs into the English Opren settlement in which the about 1500 victims of the arthritic drug had to be satisfied with a small sum of compensation after a protracted, highly complex litigation which demonstrated the general impotence of the traditional legal approach to product liability in cases of “diffuse” injuries. At least, the Opren case provoked a discussion about reforms in “access to law.” *Hans Micklitz* reports about similar experiences in Germany for the victims of wood preservatives, e.g., chemicals marketed in the seventies containing PCP and lindane as active yet highly toxic ingredients and now said to have caused harm to health and property when used for home improvement. *Ignacio de Uriarte Bofarull* describes the mammoth Spanish litigation against the traders and (hopefully) against the administration in the “toxic syndrome case” arising from contaminated olive oil sold to poor Spanish consumers in 1981, killing more than 700 people, and leaving more than 20,000 suffering from grave personal injuries.

The Editor wishes to thank all contributors for the research carried out and for their willingness to submit their papers to the complexities of publishing in an international journal. It is hoped that this special issue will lead to a more profound discussion of today’s consumer and health issues, a discussion which goes beyond the above-mentioned therapeutical and economic paradigms. In coming issues, *Journal of Consumer Policy* hopes to publish critical comments as well as additional studies of health services and consumer autonomy.

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