

Santé, une Urgence Démocratique

Nouvelles formes de démocratie participative et délibérative
pour repenser notre approche de santé

Sascha NICK, 11.06.2024, Palais de Rumine

Public health and health care system as wicked problems

Nature of the problem

“Wicked” problems cannot be definitively described

In a pluralistic society there is **nothing like the undisputable public good**

There is no objective definition of equity

(Rittel and Webber 1973)

Main health system issues in Switzerland

Too narrow system boundary, essential factors missing: food, pollution, mobility, inequalities, stress

Health as goal / basic need OR health as business?

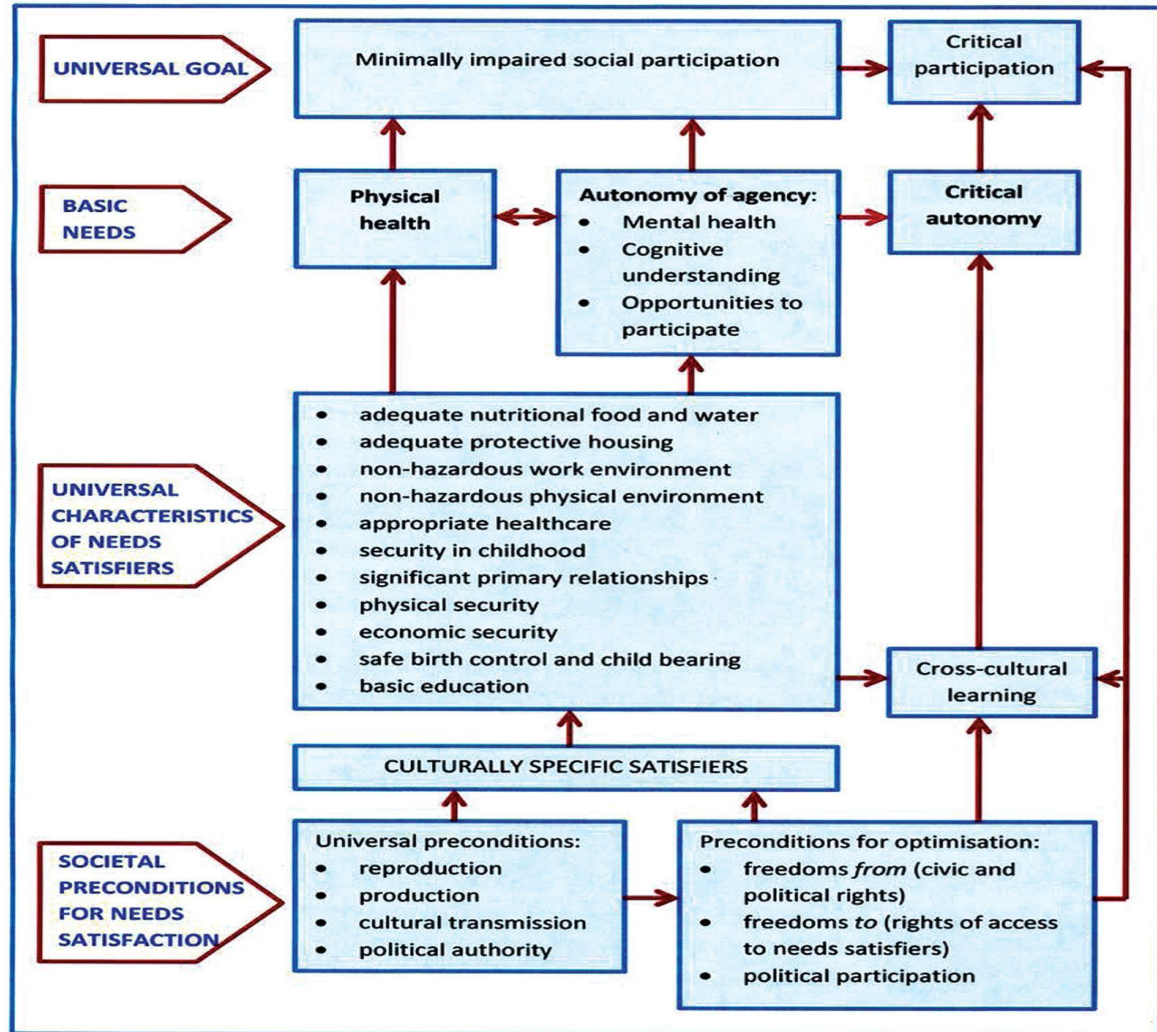
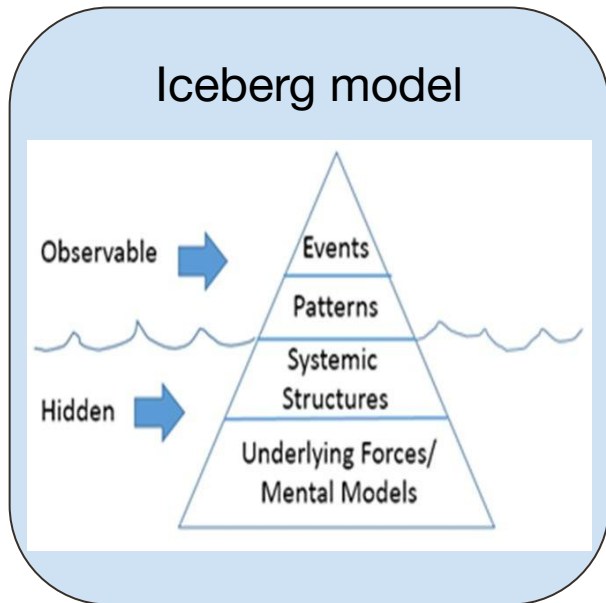
Balancing (powerful) interests will not lead to a desirable society

Failure of individual responsibility + voluntary corporate action: examples sugar, processed food, smoking

Shared knowledge, values, perspectives

Deliberative democracy replaces competition between interests of the market paradigm with dialogue, leading to opinion- and will-formation (Habermas)

Eudaimonic wellbeing, synergistic satisfiers



Why do we need deliberative democracy? example: failure of climate action

1. International Climate Governance (unequal power, missing leadership, deliberate politics)
2. Vested Interests of the Fossil Fuel Industry
3. Geopolitics and Militarism
4. Economics and Financialization (deregulation, neoliberalism)
5. Mitigation Modeling (cost focus of IAMs, excessive CDR)
6. Energy Supply Systems (additive energy sources)
7. Inequity
8. High-Carbon Lifestyles
9. Social Imaginaries

[Stoddard et al. 2021](#)

All nine are manifestations of power and vested interests, **precisely the problem a well-functioning democracy should be able to prevent.**

Why is today's democracy failing to do so?

Goals and process

Building on the trilemma of democracy (Fishkin 2009), the Academic Citizens' Assembly (ACA) aims to combine the strengths of existing approaches:

- | | | | |
|-----------------------------|-----------------|----------------------|---------------------|
| 1. Mass democracy | Equality | Participation | Deliberation |
| 2. Mobilized deliberation | Equality | Participation | Deliberation |
| 3. Microcosmic deliberation | Equality | Participation | Deliberation |
| 4. <i>ACA (goal)</i> | Equality | Participation | Deliberation |

Deliberation in-person in groups of ten with facilitator, including proposal writing



Electronic voting individual, anonymous, on proposals of own and other groups

Contribution of the Academic Citizens' Assembly

Strong scientific consensus → Why create further delays for democracy?

In reality very little is “set in stone” and non-negotiable if we want humanity to survive and thrive, perhaps only ending fossil fuel and ecosystem destruction.

A well-designed **citizens' assembly will converge on one of many thousands of possible solutions based on its goal**

It will help educate people, build a sense of community, and promote civic engagement - **making implementation possible**



Full convergence

← Consensus

[dots are proposals]

Polarization →

50-50

21st century democratic decision-making for the Swiss societal transition.

Discover ACA 2022
(04-2022)

Discover ACA K3
(09-2022)

Discover ACA MBP
(04-2023)

Imagined by EPFL and BSL

Deliberative democracy - governing societal transitions

The Academic Citizens' Assembly

[SAMS 2023](#) [MBP 2023](#) [K3 2022](#) [ACA 2022](#) [Concept](#)

[All Editions](#) [About](#)

ASSM 2023

Forum suisse pour la durabilité du système de santé

Final report of the Academic Citizens' Assembly -
Swiss Forum for Healthcare Sustainability, 08.06.2023,
Bern

Revue
Médicale Suisse
- dossier Forum
2023

Rapport Forum
2023 - Revue
Médicale Suisse

Swiss healthcare: towards Sustainability and Planetary Health

Composite proposals of the **SAMS June 2023 Academic Citizens' Assembly**

1. Establish community health centers and organize group consultations and workshops to promote health and prevention in each neighborhood
2. Transform healthcare financing: shift from fee-for-service to health outcomes, promotion, and prevention
3. Integrate sustainability and planetary health into health professionals' education, emphasizing co-benefits and holistic approaches
4. Implement health education and prevention programs at all educational levels, from early childhood to university and professional schools
5. Allocate resources and develop a roadmap to achieve sustainability in health institutions
6. Review and revise laws and policies to support sustainable health systems
7. Launch a national campaign, led by healthcare professionals, to highlight the link between environmental protection and health

Systems view, leverage points, action levers

Systems: Leverage points

high

Intent

1. The power to transcend paradigms
2. Mindset, worldview, values
3. System goals

Design

4. Power to change system structure
5. System rules
6. Structure of information flow

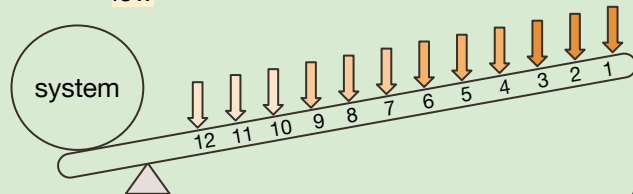
Feed-back

7. Gain of positive feedback loops
8. Strength of negative feedback loops
9. Delays

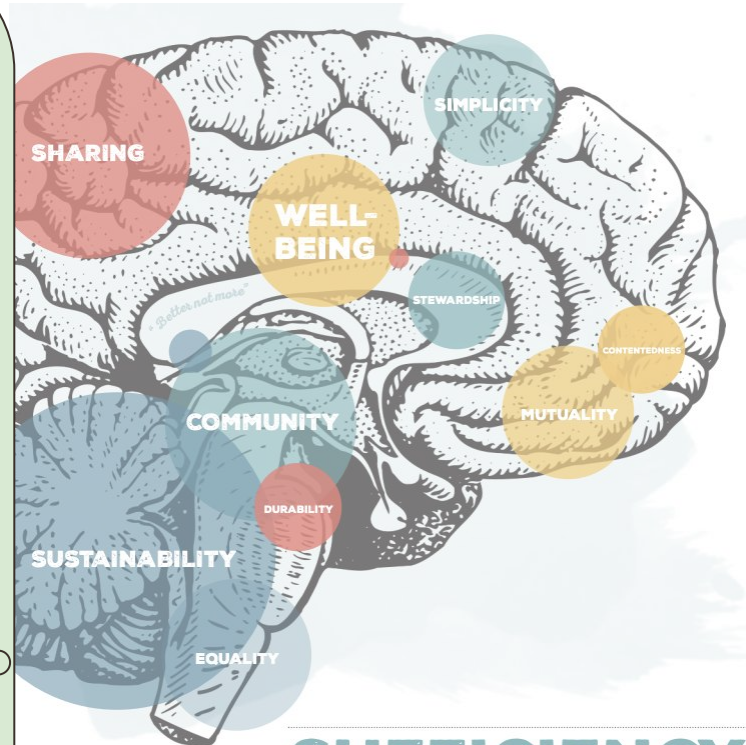
Para-meters

10. Structure of stocks and flows
11. Buffer size
12. Parameters, incentives, standards

low



Adapted from [Abson et al. 2017](#), [Meadows 1999](#)



SUFFICIENCY
MOVING BEYOND THE GOSPEL OF ECO-EFFICIENCY

Action levers

Coordinated action on multiple leverage points

Mindset: post-growth

System goal: wellbeing for all within planetary boundaries

Change system structure: via local deliberative democracy

System rules: resources for public luxury, private frugality

Nick 2023