



Medicine and Health in the European Dream

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Abstract

The primary purpose of this publication is to show some fundamental links between health, medicine, democracy, and the new Europe rebuilt after 1945. The European health system is connected to the Enlightenment and its universalistic ideas. A universalistic health system includes all individuals, regardless of wealth, culture, race, gender, religion, nationality, sexual orientation, or other distinguishing features.

My final point is to support the EU's universalism, which has frequently been controversial; it can be maximized by the digital revolution rather than minimized due to the high and growing costs of medical care.

These pages were born from a project aimed to assess the public health changes from the perspective of the upheavals caused by COVID-19. The research project involved the collection of documentation, with interviews and fieldwork, to highlight the response capabilities to the pandemic, particularly in the Italian healthcare system, the first to be affected in the West. The interviews were conducted in various countries, and all the documentation was considered from a comparative perspective. These pages constitute an intermediate research report with a view to final publication.

In my presentation, I will also delve deeper into a previous project ("EU and Turkey: Connecting Identities, Bridging Cultures") that was launched in 2008 with the support of the European Union and started together with the German universities of Heidelberg and Ludwigsburg and various universities in Turkey. At the various stages of my inquiry, I have published many books and articles on different themes (Gammone, 2021, 2018, 2015; Gammone and Sidoti, 2012).

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1. Public Health and the European Dream

The theme of health is one of the central elements for defining the European Dream, distinct from the American Dream (Beck and Grande, 2005). The availability of a universal health system, without charge for all and without exclusion caused by reasons of age, race, or wealth, is a significant and precise component of the European model, which

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therefore constitutes a specific type, compared to other models, starting with the American one. All the European healthcare systems are structurally, historically, and institutionally differentiated, but they all fall within a unitary ideal model linked to European history. Class conflicts, religious ideals, prodigious scientific development, a solid bureaucratic state, an enlightened ruling power, and various other factors have constituted a specific whole and formed a dream, hope, and model for Europeans and many others outside Europe (Moore 2023).

The United States has far more completely stocked hospitals relative to its inhabitants and much lower bed occupancy than European countries have. The roles of doctors, hospitals, health programs, and government agendas have evolved dramatically over the last centuries. In America, in the nineteenth century, the medical profession was financially insecure but gradually became the most prosperous in the twentieth century. In the meantime, professional sovereignty has declined, and the corporate system has risen. Money has become a central issue; more than 500 billion dollars have been depleted on cancer research over the past 50 years, and a for-profit industry is suspected to care more about making money than saving lives (Sloan 2018). In detail, Angus Deaton describes the ravages of the US's uniquely disastrous healthcare system.

Big pharma has been frequently condemned on trials. The American healthcare system is admired but perceived as expensive, fraught, and biased. From many points of view, it is a radically different system compared to the original European one. American healthcare was a uniquely revealing issue for Michael Moore, whose 2007 documentary *Sicko* explored medical distress and inequity in the US. Many American people dream of a safer and more sustainable health system. Before COVID-19, in 2018, a Reuters/Ipsos poll showed 85% of Democrats and 52% of Republicans supported *Medicare for All*, which was an enormously popular slogan. Its widespread appeal has encouraged American democrats, who saw it as the beginning of a more extensive economic system transformation (Starr 2019).

A third of Americans are enrolled in Medicare and Medicaid, which cover people 65 or older, some under 65 with specific disabilities or conditions, and services like nursing home care. *Medicare for All*, championed by Senator Bernie Sanders, Elizabeth Warren, Kamala Harris, and others, means abolishing private health insurance and restarting with a single government-run system that would cover everyone. Benny Sanders ran on that proposal in his 2016 campaign. It was thought to improve Obamacare.

“There is a reason why the United States is the only major country on earth that allows private insurance companies to profit off of health care”, Sanders argued. “The function of private health insurance is not to provide quality care to all; it is to make as much money as possible for the private insurance companies, working with the drug companies” (about this quotation, see Gammone, 2022a: pp. 70-91).

The entire healthcare system makes up a fifth of the United States economy. Corporate institutions took over the medical system. The New York Times asserted: “The private health insurance business employs at least a half a million people, covers about 250 million Americans, and generates roughly a trillion dollars in revenues. Its companies' stocks are a staple of the mutual funds that make up millions of Americans' retirement savings”(about this quotation, see Gammone, 2022a: pp. 70-91). Many U. S. citizens have health insurance stocks in their retirement portfolios. An eventual takeover of the health insurance complex in the United States would mean a massive hit to the companies' stocks.

About 70 percent of Americans who receive health insurance through employers say they are happy with their coverage. Market believers say that consumer choice and

competition among private health proposals develop the quality of care (Deaton 2023). This vision is justified by the opinions that individualism is optimal, market products are best, and public intervention only makes things worse — opinions widely invoked against universal health insurance and antipoverty programs. These are some of the many reasons explaining the widespread belief that a universal public medical service is impossible in the United States (Brooks 2019). For Americans, Medicare for all was an indulgent fantasy, an impossible dream to live in real life, while European countries had realized that Dream. Michael Moore praised two European countries (France and Italy) as a “healthcare paradise” in the 2007 documentary film *Sicko*.

In this unitary European model, the British healthcare system is the most representative for many reasons; for example, it was born in 1948. In fact, being freely accessible to all and paid only by taxation, the National Health Service, NHS, was the first in a long European list. The beginning was the proposals made by Lord William Beveridge in 1942. In the middle of World War II, he proposed to address "five giants on the road of reconstruction: Want, Disease, Ignorance, Squalor and Idleness". He promised rewards for everyone's sacrifices. He proposed a dream and a covenant between citizens and the ruling class. Because of that Dream, English people voted for the Labor party, preferring to support universalistic Welfare care provisions. Winston Churchill was the lion of the war, but in 1945, he was defeated by the electorate. In 1945, the new Labor government tasked Aneurin Bevan with creating the universal health system promised during the election campaign. Bevan's proposals were implemented on 5 July 1948, when the NHS was officially born.

The inspiration for NHS was given by an example that arose locally at the end of the 19th century in Tredegar, Wales: the Workmen's Medical Aid Society, a self-help community of miners and workers who decided to give a small part of their wages to collective medical services. Gradually, this Welsh self-organization allowed fixed salaries to be paid to one surgeon, one dentist, some nurses, and a growing range of medical treatments. In 1925, this cooperative movement bought the local Palace cinema building, which was transformed into a small clinic. Philanthropists and the local Coal Company paid relevant costs. In the 20th century, many British initiatives evolved thanks to the intervention of an Enlightened ruling class and a vast network of mutual aid societies. Workmen's Medical Aid Society was, in a certain sense, copied by Aneurin Bevan, who in 1947 was Minister of Health in the Labor government.

The NHS has a particular symbolic value, so much so that it was brilliantly defined by Nickel Lawson, Chancellor of the Exchequer during Margaret Thatcher's government. He asserted that "the NHS is the closest thing the English people have to a religion". In fact, in 1951, when Winston Churchill returned to power, the NHS was not reduced or eliminated by the new conservative government. Churchill's administration emphasized welfare even more, for instance, house building. Each following its national path, all Western European countries gradually adopted the same British health model.

Western European countries have significantly increased life expectancy and well-being since World War II (Aron 1977). In contrast, during the Communist years, most Eastern European countries experienced decreased life expectancy. Both sides of Europe have had universal healthcare and national service, but the outcomes were very different. The Socialist health system was chronically underfunded, resulting in low salaries for health workers and a frequent deficiency of equipment and medications (Danishevski 2008). Universal healthcare was a pride feature of Eastern European socialism;

nevertheless, parallel structures were mainly in place, and the Socialist model (where primary care was universal but confined to a narrow range of conditions) was quickly abandoned after the fall of Soviet Communism. The “Semashko model” originated in the Soviet Union and expanded to Central and Eastern Europe. The initial success ended in crisis, even though its legacies still haunt policies and people. Eastern Europeans forfeited their alternative medical model by embracing US-inspired privatization (Mark and Betts, 2022; Heinrich 2022). Only some Western European countries have universal and public healthcare as a distinctive and proud mark of their social model.

In the preamble to the Charter of the United Nations, we found the principles set out regarding health: the constituents were determined "to promote social progress and better standards of life in larger freedom". The United Nations gives a famous definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". This definition maintains elements of universalism and, simultaneously, elements that can be interpreted differently, particularly concerning *complete* mental and social well-being.

The association between health and economic, political, and psychosocial variables reveals that health appraisal depends on multiple factors. There is extensive literature concerning health. Still, there needs to be more evidence about the correct perception of health and its associated ingredients, increasing the knowledge of individuals' strengths and resources for facing daily life limitations.

Health has been defined in the European Union as respecting a historically and politically determined model. This definition maintains elements of universalism and, simultaneously, elements that can be interpreted differently, particularly concerning complete physical, mental, and social well-being.

European Healthcare has not offered complete well-being; it triumphed on specific illness experiences that are challenging for others to hear (O'Rourke 2023). European Healthcare offered light into those isolated cocoons of darkness that may trouble all at once or another. Poor people are alone in these circumstances. In Europe, poor and middle-class patients found their best advocates in public medicine, finding well-minded leaders, institutions, and societies. High-cost treatment, unruly necessities, chronic illness, familiar sufferance, resignation, and living with disability won defiance against those who would rather not know. In Europe, the invisible life of patients for whom fortune has failed had a new chance. To refuse pain invisibility took a great act of institutional courage: the offer of universal treatment was the core of the old European healthcare system.

European Healthcare was the institutional culmination of a long humanitarian journey. The conception of what humanity means owes much to reflection in the medical field. From the Fundamental Principles of the Red Cross to Doctors without Borders, the universal characteristics of humanitarianism have been defined and refined in the medical area.

Healthcare systems vary by country. Universal health care is government-guaranteed for all, and it has been realized in different ways in different states. Universal health care has been implemented through national rules and laws; they indicate which care must be provided, to whom, and at what national costs. Access and minimum standards can vary a lot. Many rightly observe that in most European countries, universal healthcare also implies a government-regulated network of private healthcare and insurance companies. Many European states use mixed public-private systems to provide medical assistance for

all. The European Union has no centralized administrative responsibility in the field of healthcare. Diversity is the rule.

2. The European model: peace, science, health, inclusion

The concepts of health, Europe, humanism, and dream were first connected in 1945, thanks to William Beveridge, Aneurin Bevan, and many others. However, the reasons for this radical innovation are many and different, partly recent and partly distant. In particular, the construction of that state bureaucratic model, which constituted the backbone of every national health service, dates to a remote period.

The term *Europa* first began to be used culturally in the Carolingian period. Charlemagne is considered as *Pater Europae*, Father of Europe. He established an empire that represented the most expansive European unification since the fall of the Western Roman Empire and brought about a rebirth that formed a pan-European identity. The birth of the European model, in addition to having historical and remote roots, also had reasons connected to Europe's more recent past.

In Europe, the concept of public health had its roots in a centuries-old history of administrative structures. This theoretical framework should be filled with many historical references and thick descriptions. We can only provide the big picture.

The modern bureaucratic administration developed in Europe during a very long process, which is expressed in figures like Henry VIII and Friedrich Wilhelm I of Prussia (father of Friedrich "the Great"), which then gradually converges into a unitary model (Barker 1944; Bendix 1969). In the European *Ancien Régime*, dynastic absolutism turned into bureaucratic absolutism, functional to an autocratic and militarized model, brought to an extreme level of perfectionism by the Hohenzollerns. Public service was typical of a *Garrison State*, with characteristics eminently connected to territorial expansion: national interest was the supreme interest.

Modern states are born with the great European monarchies of the seventeenth century. However, the signification of the state, in the most potent and meaningful gradation of the term, as a feeling of inner obligation and, as we appreciated it in Europe, arises with the Protestant Reformation, understood as a reform of people, literacy, and nationalization. Everyone saw the result, from Sadowa to Sedan, regardless of the initial religious reasons. Furthermore, everyone tried to swipe that model, adapting it to national characteristics. In theory, the British were the most refractory to a unitary model, but they were the first to see the German model as a practical example. For instance, following the German standard, they eliminated clientelism in public institutions, starting with the seminal 1854 Northcote-Trevelyan Report, which recommended that the entry into the permanent British Civil Service be solely on value, integrity, and merit, forming the foundation for an impartial bureaucracy as the backbone of the state. These principles of honesty, loyalty, excellence, decency, objectivity, reliability, discretion, evenhandedness, and fair play have been the same core values for the healthcare systems of European states after 1945. Law-abiding physicians and nurses have been the angels of the European Dream; they were credited with transferring integrity and expertise from one legitimate government to the next. The medieval representation of the public sphere was linked to a ruler (Habermas 2023). In contrast, a democratic public sphere emerged thanks to many factors, including public health regulated according to a general and egalitarian re-evaluation of principles such as competence, assistance, gratuitousness, and humanity.

On the other hand, in organizing a modern administrative state, the English ruling class adopted many measures, laws, and ideas that had been gradually taken in Germany during the 19th century and seemed to constitute the main reason for German efficiency. For their part, the Germans had always distinguished themselves from the English – as, firmly and clearly, Hegel had done in 1831, in his fundamental *Über die englische Reformbill*. However, during the 19th century, the Germans felt they were improving the English experience, which dominated more than half the world with its colonies and empire.

Finally, the English and Germans jointly engaged in intense emulation to gain the consent of the popular classes and avoid the revolutions that anarchists, socialists, and communists advocated. Governmental health intervention was seen as one of the main ways to prevent class clashes, which were potentially very dangerous for public order in England and Germany. Health and order were conceptually and politically linked. The other principal European countries followed the same institutional path. The loans between the various national routes were reciprocal; in the end, they arrived at a unitary model: in this sense, the European state systems are variants of a prototype that, in its theoretical essence, exists only in an ideal typology.

The European political model existing before the Second World War was overwhelmed by the war, and another model was born after 1945. However, on the ruins of the war, the best of the interventions on the social level were preserved and improved over time. The old European legacy of public service and social intervention was revisited, integrated, and strengthened from a democratic point of view.

Military obedience to the state has often been criticized and caricatured precisely because obedience is not always a virtue, as was evident in the Nuremberg trials. The idea of public behavior based on principles of “discipline and honor” (as stated in article 54 of the Italian Constitution and as similarly stated in all the European constitutional papers) marks the link with the sense of the nineteenth-century state. The idea of statehood as a common good continued to dominate over several centuries.

Contemporary Europe was born after the Second World War, when the ruling classes of various countries unanimously adopted the slogan: “Never again, *nie wieder, nunca mas, plus jamais, mai più.*”

Contemporary Europe is very different from Europe, which produced the killing of over 60 million people in World War II. Current Europe is characterized by the convergence of peace, science, and the rule of law more than by external conquest and internal wars (Gammone 2017, 2022b).

The connections between public health and a culture of peace have a long history. The first European identity was defined and strengthened by pacifist ideas. Erasmus of Rotterdam traveled widely across Europe and pioneered the European identity. He was one of the first intellectuals to use a path-breaking technology, namely the movable type, as a vehicle for the diffusion of his ideas. Erasmus was one of the most outspoken pacifists of the Western culture, arguing strongly against warfare in his essays *The Praise of Folly* in 1509 and *The Complaint of Peace* in 1517.

Pope Paul VI declared Saint Benedict the “Patron Saint of all Europe” in 1964. Following a golden rule, *Ora et Labora* – Pray and Work, the inventor of Western monasticism placed peace at the heart of Europe. He was remembered as a solemn “herald of peace”, *Pacis nuntius*. The Pope, explaining the reasons for the choice of Saint Benedict as the patron saint of Europe, reminded: “he cemented that spiritual unity in Europe by which peoples divided linguistically, ethnically, and culturally felt that they constituted the

one people of God". For centuries, pacifism was considered an ideological and utopian stance; in 1945, it was considered necessary.

The European Union was born to avoid a reiteration of terrible massacres that had cost the lives of millions of human beings. Two world wars left an apocalyptic toll of millions of dead, maimed, wounded, widows and orphans, and tons and tons of rubble, genocide, and nuclear bombs. Robert Schuman, Alcide De Gasperi, Konrad Adenauer, Jean Monnet had humility and a sense of shame. From many points of view, the Founding Fathers of the EU were at the fringes of old Europe. In the post-World War II years, they reached the peak levels of European power, but previously, they were peripheral, marginal, and borderline. They had nothing to do with the old European history, characterized by militarism, fascism, colonialism, and racism. The Founding Fathers of the EU were linked to another European heritage: peace. They were immigrants in the New World of a *European* dream. After everything they went through, it was a dream come true and extraordinary.

Western medicine is also the story of the rise of ordinary people to health and welfare, inspiring them to have a go. According to observers like McCloskey and Carden, the core of medical outcomes was innovation advancements after 1800 and a rise of real personal income by an astounding 3,000 percent. This "Great Enrichment" permitted the outbreak of the health revolution that raised the wretched ones of the earth. The triumph of medicine is based on the European miracle (Jones 1981) and on the best European heritage. Science, hygiene, and technological innovation have made Europeans healthier humans and richer ones.

3. A crisis, the digital revolution, and the Dream

There are many responsibilities for global health difficulties. The Covid 19 pandemic was a dire test (Gammone 2021b). Europe is still far from utopia, and its universalistic model is far from eradicating pandemics, racism, inequality, colonialism, war, human rights abuse, prejudices, and other old problems (Kundnani 2023). In 21st-century Europe, a new cultural divide is suggested to have arisen, challenging the old primary political cleavage over economic conflicts and confronting all countries. The European health model has evolved over the years as it strove to meet the needs of a growing population with ever-changing needs. Now – in the aftermath of global wars, a global pandemic, and economic and workforce crises – the problems arguably are more significant. Since the 2000s, before the international financial crisis, widespread support for more government spending for the retired has dropped in many European countries. Many have expressed rising concerns about intergenerational fairness as younger generations have lost out economically compared to the old.

The UK has shallow levels of critical clinical staff, including doctors and nurses, and relies heavily on foreign-trained teams. Public health issues are so relevant in the United Kingdom that they also played an essential role in Brexit. Many voted to Leave just "to send home that damned Health Minister", Jeremy Hunt (Curli, 2023: p. 131). All countries, including Germany, that score highly on health performance measures, face the challenge of demand from rising expectations, an aging population, a lack of all the needed professionalized personnel, and the requirement to advance previous outcomes. Problems emerge critically when Europeans look at their dreams in the mirror of other countries, such as Nigeria: "When African people dream of Europe or North America, Europe and North America usually do everything they can to stop them from realizing that Dream.

Nevertheless, there is a small group for whom this is different: professionals, especially in the healthcare sector. If nurses, geriatric caregivers, or doctors in Africa Dream of Europe or North America, then some states in Europe or North America have been doing everything possible to lure them to their land for a long time. Furthermore, others, like Germany, are just starting to do so. The old, affluent societies of the *Global North* have a massive need for medical personnel. And they are increasingly competing for these personnel in the young, poor societies of the South. The World Health Organization (WHO) warned in the spring that the international recruitment of medical personnel had accelerated significantly due to the coronavirus pandemic. Moreover, hardly anywhere is the pull as noticeable as here, in the most populous country on the continent with more than 200 million inhabitants. 75,000 nursing staff have left since 2018, and 7,000 to Great Britain between 2021 and 2022 alone. 2,800 junior doctors have also emigrated in the last two years” (Munziger 2023).

Instead of discouraging pessimism, there is a possible scenario in which renewable energy, health, science, and working life will allow a better human future. Artificial Intelligence, AI, will take over tedious and hard work, while remote service will have a significant room (Rifkin 1995; Susskind 2020). Old jobs are increasingly at risk, but new opportunities are coming. Human desires and expectations are far beyond the capability of computers. Thanks to the digital revolution, humankind will have new chances to diagnose illnesses, draft legal controversies, write academic reports, and even compose recreational music. The threat of technological unemployment is not confirmed as an ineluctable destiny. AI will make many gold standards of care more widely available. AI shares actionable insights to chart a direction for a longer, healthier, and happier life (Hood, Price, 2023). The prospect of GPT-4 in healthcare "is awe-inspiring – its vast, data-driven knowledge base could outshine any board-certified physician”, they say (Lee et al. 2023).

In the interviews, people assert that alternative models, such as generic drug platforms and ambulatory cash-paying primary care, bypass traditional health models. The rise of new organizations has enabled patients to fulfill their expectations at lower costs and outside old health circuits. These innovative models are bringing even more price competition and benefiting patients. Every healthcare national system in Europe has “something to teach and something to learn.”

Technological progress could bring unprecedented prosperity, ensuring everyone has something to work on and enough to live on. The challenges will be distributing these new possibilities fairly and providing a different meaning to a work that will be, in new ways, the center of human lives (Lehdonvirta 2024).

Medical breakthroughs are a great reason for optimism. Technology boosted life trajectory, which implies living “longer lives with less drudgery” than the lives of the ancient people. Technology means cardiac surgery, microchips, smartphones, and satellites in the medical field. Technological progress touched daily life in all aspects and was incremental; toothbrush mass production started after 1885 in the United States and became routine after World War II. As recently as the 19th century, people suffered gruesome surgeries without anesthesia, and antiseptic procedures in operating rooms were unknown.

Digital medicine is ready for collecting and crunching even the most minor facts about our health. It could go a long way toward beneficially shaping our current data-driven —and data-haunted— world.

Many observers favor government regulatory intervention, which will be crucial to mitigating the dangers of increasingly powerful models. AI needs appropriate guardrails, but AI medical companies should try to self-regulate.

Repeatedly, the European collapse has been announced, but it continues to be postponed to a later date. Until now, the fears of a conclusive financial, economic, and political smash have not become a reality; until now, the collapse has not materialized. On the contrary, defeatism and doomism hide the epochal positive shifts underway. Many factors pushed immigrants to come to Europe. Indeed, the quality of public healthcare is among the most critical factors (Curli, 2023: p. 139).

Health can be intended in many ways: the universalistic outlook was born in a specific historical period. Europe now has progressive, egalitarian, pluralist, democratic, open, and liberal intents that respect the rights and freedoms of all people, regardless of biological, racial, ideological, religious, or political factors.

The European Dream and its universalism are in question, but the Dream goes on. In various places of the world, however, many people still admire Europe's liberty, pluralism, welfare, and tolerance of gender, race, and politics. Outside Europe, many women and many minorities understand the relevance of liberty. Many people still believe in the Dream. Europe has had terrific policies and powerful institutions. What continue to exist are the reasons for the EU's existence. Global public health requires innovation and leaders capable of making dreams come true, at least partially.

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