

The defence of health. The debates on health reform in 1970s Spain

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ABSTRACT: This paper analyses the discourses that addressed healthcare reform projects discussed in Spain during the 1970s, before the death of the dictator General Franco, and up to the declaration of healthcare as a right in the Spanish Constitution of 1978. The Spanish health system, which developed from the Compulsory Sickness Insurance launched in 1944, focused only on disease and made no provision for preventive activities. This shortcoming was one of the main aspects that required reform in the 1970s. We analyse the characteristics of the proposals to replace a treatment-centred health system with a new one based on a more holistic view and the defence of health. To contextualise these proposals, we review the development of the Francoist health system and regulations and plans that attempted to reform it before the death of Franco. The most interesting Spanish health system reform projects were written at the end of Francoism and the beginning of the Democratic Transition and were mainly drafted by medical doctors committed to the illegal left-wing parties. All shared the aim of universal healthcare financed by the State and the goal of placing the protection of health at the core of the health system by integrating preventive medicine and healthcare. Some proposals encouraged the study of social determinants of health and disease and emphasised the role of health education. Others were more concerned with the re-organisation of healthcare through planning and decentralisation, retaining the hospital for the treatment of diseases as the main goal.

PALABRAS CLAVE: asistencia sanitaria, reforma sanitaria, salud, siglo XX, España.

KEYWORDS: healthcare, health reform, health, 20 century, Spain.

1. Introduction (*)

The aim of this article is to analyse some aspects of the projects on health reform discussed in Spain during the 1970s, before the death of the dictator, General Franco, and until the declaration of health as a right in the Spanish Constitution of 1978¹. The debates continued until the passing of the General Health Law (1986) (*Ley General de Sanidad*, henceforth LGS), but this period deserves separate analysis.

The Francoist health system, after the launch in 1944 of the Compulsory Sickness Insurance (*Seguro Obligatorio de Enfermedad*, henceforth SOE), was almost exclusively directed at the treatment of diseases. Those preventive activities that were undertaken were the work of the General Health Board (*Dirección General de Sanidad*, DGS) and there was no coordination with the SOE². This shortcoming was one of the main aspects to be reformed in the 1970s. In the words of some health reform proposals, health, not disease, was to be the main objective of the new health system.

Our main aim is to analyse the characteristics of those proposals which attempted to replace a health system centred on treatment, in a narrow sense, with a new one based on a more holistic view which addressed the defence of health³. We also analyse such key issues as universal access and decentralisation of healthcare, and the participation of the population in the management of the health system.

The proposals for health reform sought to produce and reflect different approaches to health problems and their management, as a shared way to define them and to deal with them. In this sense we are interested in the

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1. The 1978 Spanish Constitution recognised «the right to the protection of health». The state was required to organise preventive activities and healthcare. Health education, physical education, sports and leisure, in this order, were explicitly cited (Art. 43) The management of health services were assigned to the autonomous regions as defined by the Constitution (Art. 178).
2. Marset Campos, Pedro; Sáez Gómez, José M.; Martínez Navarro, Fernando. La Salud Pública durante el franquismo. *Dynamis*. 1995; 15: 211-50.
3. Acarín, Nolasc. Bases organitzatives per a la defensa de la salut. In: Xè Congrés de Metges i Biòlegs de Llengua Catalana. II^a Ponència: Funció social de la medicina. Vol. 2. Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia; 1976, p. 288-304.

«cultures of health and disease» present in reform projects within the framework of the process of medicalisation⁴.

Our sources are the reform proposals which appeared in reports, books and articles in journals discussing doctors' labour issues. Some were published by government departments or authors close to the Franco Regime, while others were written by authors who identified with the «democratic opposition»: communists, socialists and christian democrats. Other texts are taken from the formal programmes of political parties and trade unions, and works by scholars with no clear public political position. The professional periodicals and general press also reflected the reform projects, but in this article we prioritise some of the key reports and books, and pay less attention to the press.

The Spanish health reform has been studied from different points of view. It is clear that the ideas, attitudes and debates were strongly intertwined with institutional changes and the roles played by the main social and political actors in the decision-making process that led to the approval of the General Health Law (1986). This process has been thoroughly studied by Ana M. Guillén, who has also published works on the development in the last thirty years of the whole Spanish welfare system⁵. Some sociological studies on the Spanish health reform, published by medical sociologists, were contemporary to the plans proposed and, in particular, Jesús M. De Miguel published academic papers⁶, activist books and articles addressed to a general audience, and proposals for health reform⁷. Several authors,

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4. Busfield Joan. The concept of medicalisation reassessed. *Sociology of Health and Illness*. 2017; 39 (5): 759-774.
 5. Guillén Rodríguez, Ana M. *La construcción política del sistema sanitario español: de la Postguerra a la Democracia*. Madrid: Exlibris; 2000; Guillén, Ana M. *Welfare State Development in Spain: A Historical and Explanatory Approach*. In: Palier, Bruno, ed. *Comparing social welfare systems in Southern Europe*. Vol. 3. Paris: MIRE; 1997, p. 67-90; Guillén, Ana M.; Cabiedes, Laura. Towards a National Health Service in Spain: the search for equity and efficiency. *Journal of European Social Policy*. 1997; 7 (4): 310-336. The perspective from the welfare system has been also explored by Mangen, Stephen P. *Spanish society after Franco: regime transition and the welfare state*. New York: Palgrave; 2001.
 6. De Miguel Rodríguez, Jesús M. *La sociedad enferma: las bases sociales de la política sanitaria española*. Madrid: Akal; 1979; Oltra, Benjamín; De Miguel, Jesús M. *Sistema sanitario y cambio social: un modelo de path analysis en el caso de España*. *Papers*. 1976; 5: 55-99.
 7. De Miguel, Jesús M. *La reforma sanitaria en España (El capital humano en el sector sanitario)*. Madrid: Cambio 16; 1976; De Miguel, Jesús M. comp. *Planificación y reforma sanitaria*. Madrid: CIS; 1978; Gol i Gurina, Jordi et al. *La sanitat als Països Catalans. Crítica i Documentación*. Barcelona: Edicions 62; 1978.

committed to the health reform⁸, have described the process, especially in the decade from the death of Franco to the passing of the LGS. Recently, economic historians have published significant contributions to the study of the Spanish healthcare system under Francoism⁹.

The common narrative is that the health reform was a process undertaken mainly after Franco's death in 1975, as a result of the democratisation of Spain, when there was a widespread feeling that everything could be rethought and reformed. Nevertheless, the evidence shows a more complex picture, with partial reform proposals published from the end of the 1950s that had consequences on the cultural perspectives of health and disease shared by the health system, health professionals and the population. In the 1960s, the need to overcome the failings of the SOE led to the creation of the Social Security (*Seguridad Social*), a development that is key to understanding the health reform proposals that appeared in the early 1970s.

The need to consider this complex process in order to contextualise the reform proposals that sought to give more pre-eminence to health is why, in the second section, we highlight some of the approaches to healthcare under Francoism and their impact on how the population managed health and disease. In the third section we analyse some plans and reform proposals published between the implementation of the SS and the death of Franco. In both sections we pay special attention to the imbalance between healing and preventive activities. It would be «whiggish» to expect the Francoist health system to have been mainly directed at the prevention of diseases, but the noteworthy weakness of Public Health during the dictatorship¹⁰ helps to explain the crucial role given to the protection of health by the more

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8. Navarro, Vicente; Elola, Javier. Análisis de las políticas sanitarias españolas, 1975-1992. Sistema. 1995; 126: 19-39; Ortega, Francisco; Lamata, Fernando. La década de la reforma sanitaria. Madrid: Exlibris; 1998; Elola Somoza, Javier. Política sanitaria española. Madrid: Díaz de Santos; 2001, p. 43-62; Lamata Cotanda, Fernando; Pérez Andrés, Cristina. 25 años después de la reforma sanitaria de Ernest Lluch. Revista Española de Salud Pública. 2011; 85 (5): 421-426; Nadal, Juli. La construcción de un éxito. Así se hizo nuestra sanidad pública. Barcelona: La Lluvia; 2016.
 9. Pons Pons, Jerònima; Vilar Rodríguez, Margarita. Labour repression and social justice in Franco's Spain: the political objectives of compulsory sickness insurance, 1942-1957; Labor History. 2012; 53 (2): 245-267; Pons Pons, Jerònima; Vilar Rodríguez, Margarita. El seguro de salud privado y público en España. Su análisis en perspectiva histórica. Zaragoza: Prensas de la Universidad de Zaragoza; 2014; Vilar-Rodríguez, Margarita; Pons-Pons, Jerònima. The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962). Social History of Medicine. 2012; 26 (2), 267-287.
 10. Marset, Sáez, Martínez, n. 2.

progressive health reform projects published in the period between Franco's death and the ratification of the Spanish Constitution in 1978. The fourth section is devoted to the study of these projects. We set out our conclusions in the fifth section.

2. From the Compulsory Sickness Insurance to the implementation of Social Security (1944-1967)

In this section we describe the characteristics of the Francoist healthcare system until the introduction of the Social Security. We outline some laws, plans and reform proposals and finally, we discuss some criticism of the health system published in those years.

The SOE was a Bismarckian healthcare system, with a low-level economic participation of the State. It was managed by the Social Welfare Institute (*Instituto Nacional de Previsión*, henceforth INP), and controlled by the Ministry of Labour, which was run by members of *Falange Española de las JONS*, the fascist party which supported Franco's cause. The system only covered low-income blue and white-collar workers although the maximum income threshold for mandatory affiliation was gradually raised, and from 1958 onwards it was extended to cover agriculture workers¹¹. At the beginning, the SOE covered general medical consultations and sickness benefit (for 24 weeks), delivery care, and a small range of surgical operations. Over the years, specialised healthcare was made available both at outpatient centres (known as *ambulatorios*) and hospitals¹².

Social class also determined access to other forms of healthcare; through public institutions and charities for the destitute, hundreds of small health insurance companies for workers¹³, and the private sector for the middle and upper class. Until the 1960s, the rural population received care from general practitioners; public servants paid by the local councils or the State and who

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11. Vilar Rodríguez, Margarita; Pons Pons, Jerònima. La cobertura social de los trabajadores en el campo español durante la dictadura franquista. *Historia Agraria*. 2015; 66: 177-210.
 12. Guillén, n. 5, 2000, p. 43-122; Pons, Vilar, n. 9, 2014, p. 103-144.
 13. Pons-Pons, Jerònima; Vilar-Rodríguez, Margarita. The genesis, growth and organisational changes of private health insurance companies in Spain (1915-2015). *Business History* [article in Internet, 9 October 2017]. DOI/10.1080/00076791.2017.1374371

also carried out public health activities¹⁴. The DGS owned some hospitals for the treatment of such conditions as infectious diseases (tuberculosis, leprosy) and to provide care for the insane. They were not coordinated with those belonging to the SOE. Other government departments also had health competencies and premises, and overlapping and lack of coordination were significant features of the health sector.

The SOE, with all its deficiencies, was a powerful tool in the process of the medicalisation of the population. In spite of the poor quality of the general medical consultations, a growing number of urban workers were granted free access to healthcare for the first time. This was a noteworthy cultural change because, notwithstanding the inadequacies of the general medical consultation, more layers of the population became familiar with medical doctors and their approach to health and disease. Doctors, who devoted only two hours per day to dozens of patients, lacked the time to carry out a proper examination, make a diagnosis, and write a prescription. As a consequence, the medicines prescribed achieved a prominent role in the way the population managed diseases. They were identified as the only way by which patients could ensure value for the money invested in their subscriptions to the SOE and they became a substitute for suitable healthcare¹⁵. Although there was concern at the increasing pharmaceutical expenditure from the very outset of the SOE, free prescriptions were considered as one of the main weapons of Franco's social justice propaganda. Attempts to control expenditure met strong opposition from some factions of the Regime, although some measures were finally taken in 1954. From this date onwards, doctors working in the SOE could only prescribe medicines from a closed list¹⁶.

This approach to health problems, centred on sickness and prescriptions, has had a long-lasting influence in the cultural embodiment of a highly medicalised healthcare, and in the development of a popular understanding of health and disease, severely criticised in the reform proposals of the 1970s.

With the increase in the population covered by the SOE, the demand for healthcare grew but there were insufficient funds to hire doctors, build

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14. Villarino Samalea, Gonzalo. El personal al servicio de la Sanidad local: Los funcionarios sanitarios locales. DS: Derecho y salud, 1997; 5 (1): 45-61.
 15. Candel, Francisco. Ser obrero no es ninguna ganga. Barcelona: Ariel; 1968, p. 160-179.
 16. Redondo Rincón, M. Gloria; González Bueno, Antonio. La implantación de la prestación farmacéutica en el Seguro Obligatorio de Enfermedad (1944-1955). Anales de la Real Academia de Farmacia. 2013; 79 (4): 658-688.

new health premises and cope with rising pharmaceutical expenditure. The healthcare system developed health needs but lacked the resources to satisfy them¹⁷.

The first proposals for reform were mainly concerned with the re-organisation of healthcare, through planning and decentralisation. New ideas on how to coordinate and reform hospitals began to spread as early as the mid-1950s¹⁸. They inspired the Hospital Law of 1962¹⁹, which appeared within the new economic context of the shift from autarky to a liberal market economy. Its aims were a «soft» coordination of these institutions without modifying the multiplicity of networks²⁰, to «open» access to hospitals to all citizens irrespective of social or economic condition, and to foster their healing role. Nevertheless, other care functions were considered, such as the hospitals for the destitute, including those managed by the Church. The law had little effect: the DGS, the agency in charge of coordinating the hospitals, failed in its task and there were inadequate funds either to construct new hospitals for the SOE network, or to reform those run by local administrations²¹.

A major reform was achieved with the implementation of the *Seguridad Social* in 1967²². The system unified all the social protection benefits and attempted to simplify the different health funds (or, in Spanish terminology, «general» and «special» regimes). The percentage of the Spanish population entitled to public healthcare increased from 56.4% in 1967 to 80.8% in 1978²³.

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17. Vilar-Rodríguez, Pons-Pons, n. 9, p. 204-216.
 18. Aragó, Ignacio M.; Ramis, Joaquín; Picañol, Juan. Coordinación en asistencia pública. Estudios sobre Hospitales y Beneficencia. 1957; 2: 24-28. Aragó, Ignacio M. Evolución del concepto de Hospital en los últimos 20 años. Estudios sobre Hospitales y Beneficencia. 1961; 5: 19-20. Martínez González, Manuel et al. El concepto de hospital dinámico y pauta de calificación. Estudios sobre Hospitales y Beneficencia. 1959; 4: 7-17.
 19. Ley 37/1962, de 21 de junio, sobre hospitales.
 20. Infante, Alberto. Los hospitales. In: Infante, Alberto, coord. Cambio social y crisis sanitaria. (Bases para una alternativa). Madrid: Ayuso; 1975, p. 104-109; Serigó Segarra, Adolfo; Porras Orué, Pedro. La planificación de la asistencia hospitalaria en España. Madrid: Patronato Nacional de Asistencia Psiquiátrica; 1966; Artigas, José. La Ley de Hospitales como ley de coordinación. Estudios sobre Hospitales y Beneficencia. 1967; 25: 43-46.
 21. Infante, n. 20. Pardell Alenta, Helios. Estudio de la dotación hospitalaria española [PhD dissertation]. Universidad Autónoma de Barcelona; 1973.
 22. The Law on Bases of Social Security was passed in 1963 Ley 193/1963, de 28 de diciembre, sobre Bases de la Seguridad Social.
 23. Serigó Segarra, Adolfo. Sociología de la sanidad y de la alimentación. In: González Seara, Luis, dir. Estudios sociológicos sobre la situación social de España 1975. Madrid: Euroamérica; 1975, p.

Although the main funding sources remained the contributions of employers and employees, the new system represented a crucial advance²⁴. Under the new Social Security Healthcare (*Asistencia Sanitaria de la Seguridad Social*, ASSS) the same package of healthcare services was applied to all beneficiaries, irrespective of the health fund, with the exception of the numerous mutual aid societies that were later incorporated into the system. Unlike developments in, for example, the German or the French systems, where differences in services provided by the numerous health funds constituted a barrier for universalisation well into the 2000s, the common package of services in Spain simplified the transformation of the ASSS into the National Health System in 1986. The same could be said of the salaried general practitioners (GPs), who acted as gate-keepers, a common feature of NHSs and lacking in other Bismarckian healthcare systems, which greatly facilitated the change of model in the mid-1980s²⁵.

In addition to the major *Seguridad Social* reform, there were further attempts at health planning through the Economic and Social Development Plans (I Plan, 1964-1967; II Plan, 1968-1961 and III Plan, 1972-1975)²⁶ for the expansion and development of the Spanish economy.

The commission on health and social services of the I Plan considered that the health and social services were well developed, although the extensive report described numerous shortcomings. Such was the case of health education and the activities developed by the DGS, the «rural popularizers» of the Women's Section of Falange and the General Primary Education Board, developed «with very scant economic resources»²⁷. The ignorance and low «cultural level» of the population was considered as an obstacle to the prevention of diseases and the main cause of infant mortality and morbidity

466; Martín López, Enrique. Seguridad social, sanidad y servicios sociales en España (1975-1982). In: Informe sociológico sobre el cambio social en España. 1975-1983. Madrid: Euroamérica, 1983, p. 809.

24. Guillén, n. 5, 2000, p. 123-178. Pons, Vilar, n. 9, 2014, p. 201-244.
25. We owe this relevant comment to one of our peer-reviewers. There are abundant studies on the topic. See, for example, Powell, Francis D.; Wessen, Albert F. Health systems on transition. An International Perspective. Thousand Oaks: Sage Publications; 1999; Saltman, Richard B.; Busse, Reinhard; Figueras, Josep. Social health insurance systems in western Europe. Maidenhead: Open University Press; 2004.
26. We do not consider here the IV Social and Economic Development Plan that was not implemented due to the death of Franco.
27. Comisaría del Plan de Desarrollo Económico y Social Obras y servicios de las corporaciones locales. Sanidad y asistencia social. Madrid: Presidencia del Gobierno; 1963, p. 57-58

(a traditional scale for the assessment of «popular behavior»). Although the budget for preventive activities was inadequate, the report stated there were insufficient resources to deal with all the needs and recommended support for existing health campaigns, an increase in the funds for health propaganda and education, greater investment in diagnosis, campaigns against infectious diseases, and backing for the work of the «rural popularizers».

The II Plan²⁸ paid great attention to the hospital beds deficit and the shortcomings in rural health, especially in the case of preventive activities. It proposed pilot experiences, such as the centre to be built in Talavera de la Reina (Toledo) that was eventually set up in 1976²⁹. There was only one reference to health education, involving the fight against tooth decay. The main goals remained the control of infectious diseases and improvements in sanitation; measures which were characteristic to an underdeveloped country³⁰.

The plans failed to achieve as much influence on the health sector as expected³¹. Other initiatives, such as the *Plan Sanitario Nacional* (National Health Plan, 1965), designed to coordinate the preventive activities developed by the DGS³², also failed to produce significant results.

The SOE aroused criticism from the very outset but the complaints were confined to professional circles and moderated by censorship. Over the years, dissatisfaction increased, and medical officers (such as Serigó, De la Quintana, or Yuste) and doctors (Aragó or Soler Durall) with diverse political views, exposed the deficits of the health sector. However, prior censorship precluded the publication of the complaints of the population, but some articles published in the general press explaining the characteristics of the

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28. Comisaría del Plan de Desarrollo Económico y Social. Comisión de Seguridad Social, Sanidad y Asistencia Social. II Plan de Desarrollo Económico y Social. Madrid: Presidencia del Gobierno; 1967.
 29. It was named National Health Demonstration Center and was launched under the auspices and with the collaboration of the WHO and required an agreement between the INP and the DGS. Atenza Fernández, Juan. El Centro Regional De Salud Pública. 25 Años De servicio sanitario (1976-2001). Toledo: Junta de Comunidades de Castilla-La Mancha; 2001.
 30. Yuste Grijalba, F. Javier; Zapatero Villalonga, Emilio. Aspectos sanitarios del II Plan de Desarrollo. Revista de Sanidad e Higiene Pública. 1969; XLIII (7-8): 389-421.
 31. De Miguel Rodríguez, Jesús M. The Spanish health planning experience: 1964-1975. Social Science and Medicine. 1975; 9: 451-459. De Miguel, n. 6, 1979, p. 58-66
 32. Dirección General de Sanidad. Plan Sanitario Nacional. Madrid: Ministerio de Gobernación. DGS; 1965. On this plan see: Rodríguez-Ocaña E. La sanidad franquista vista desde la Organización Mundial de la Salud: el Informe Brockington (1967). Gaceta Sanitaria. 2018; 32 (6): 582-583.

SOE highlighted some problems, such as the limited access to emergency services or specialists, the lack of coordination, or the rudeness of some auxiliary health workers³³.

The first criticism of the SOE published beyond the restricted circle of scientific reports and professional periodicals was the series of extensive notes introduced by the doctor and anti-Franco activist Felip Solé Sabarís (1915-2005), in the Spanish version of a book by Henry Hatzfeld³⁴. In 1968, the writer and journalist Francisco Candel (1925-2007) attempted to publish a book describing the difficulties of the working class under Francoism, including a chapter severely criticizing the SOE³⁵. The book was banned and an uncensored edition was only published after Franco's death³⁶. Solé's text targeted medical doctors and an academic readership; Candel wrote for the general population, which explains the different response of the censors.

At the end of the 1960s, the Spanish healthcare system maintained its Bismarckian character although, with the implementation of the *Seguridad Social*, the percentage of the population covered continued to increase over the years. Although the changes brought by the *Seguridad Social* would suppose advantages for the reform of the system in the mid-1980s, within the context of *tardofranquismo* (the final stages of the dictatorship), it was considered insufficient by the «democratic opposition».

3. An «old» health system in a changing society (1967-1975)

In this section we briefly examine some changes in Spanish society during the last decade of Francoism. We discuss reports, studies and plans that considered the perceptions of the population and the social milieu of healthcare. Finally, we consider the last attempt of the Franco Regime to overcome the inadequacies of the health system.

33. See Perdiguero-Gil, Enrique; Comelles, Josep M. The roots of the health reform in Spain. *Public Policy Portuguese Journal*, 2018; 3 (2) (in press).

34. Hatzfeld, Henry. La crisis de la medicina liberal. Barcelona: Ariel; 1965, p. 9-12, p. 99-107, p. 125-136, p. 197-221, p. 256-264, p. 277-278 and p. 291-305.

35. Candel, n. 15.

36. Candel, Francisco. Ser obrero no es ninguna ganga. 2^a ed. Barcelona: Laia; 1976.

3.1. New social demands

The mass media, the arrival of European tourists³⁷ and the increasing familiarity with European habits and ways of thinking had a significant impact on the development of positive new cultural concepts of the body and health. Although these new behaviours and ideas had no direct consequences on health policies, we can consider them as one of the causes of the growing health demands of the final years of the dictatorship. These changes affected especially the urban middle class.

Another major social change was the massive migration from the underdeveloped countryside to the city³⁸ which led to the growth of slums and shanty towns, especially in Madrid and Barcelona, without the health and educational services required by the new inhabitants. This circumstance revealed severe shortcomings in the healthcare system.

The removal of prior restraint by the Press Law of 1966³⁹ facilitated public debates on healthcare policies. The medical periodicals (*Tribuna Médica*, *Noticias Médicas*, *Jano*) and the monthly and weekly magazines (*Destino*, *Cuadernos para el Diálogo*⁴⁰, *Cambio16*, *Triunfo*, *Sábado Gráfico*) published debates on socio-medical problems which highlighted the deficiencies of Spanish healthcare. The Press Law did not only allow more open criticism in the general press but, to a limited extent, it also made it easier to publish translations of academic books, including those on social sciences⁴¹. The rising numbers of university students encouraged the consolidation of the publishing market⁴² and the circulation of new ideas stimulated the analysis

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37. Pack, Sasha D. Tourism and dictatorship. Europe's peaceful invasion of Franco's Spain. New York: Palgrave Macmillan; 2006.
 38. Bover, Olympia; Velilla, Pilar. Migrations in Spain: historical background and current trends. Madrid: Banco de España; 1999.
 39. Ley 14/1966, de 18 de marzo, de Prensa e Imprenta.
 40. Cuadernos para el Diálogo published two monographic issues on the health sector: «La crisis de la medicina en España. Médicos, medicina, sociedad» (Nº extraordinario XX, May, 1970) and «El derecho a la salud» (Nº extraordinario XLVI, May 1975).
 41. Menchero de los Ríos, M. Carmen. La modernización de la censura. La ley de 1966 y su aplicación. In: Martínez Martín, Jesús A. dir. Historia de la edición en España, 1939-1975. Madrid: Marcial Pons; 2015 p. 67-96. In the same book: Rújula López, Pedro V. El ensayo y los libros de ciencias sociales. p. 783-807.
 42. Arango, Joaquín; Carabaña, Julio. Demography and Higher Education in Spain: Does demography matter? European Journal of Education, 1981; 16 (3/4): 307-323; Pérez Díaz, Víctor; Rodríguez, Juan Carlos. Educación superior y futuro de España. Madrid: Fundación Santillana; 2001.

of the health system from perspectives, such as those of social science, which had previously been lacking.

3.2. The population assessment of healthcare services

The changing social circumstances of the Spain of *desarrollismo* (the period of economic development), including the health sector, were analysed by the studies of the FOESSA foundation on the city of Madrid and on the country as a whole⁴³. Healthcare data offer a glimpse of the population's perspective in the context of new health demands related not only to dimensions but also to approach and quality. The first FOESSA report (1966) showed the substantial regional differences in the implementation of the SOE. Generally speaking, the SOE was positively assessed, especially by those insured under the scheme. The higher social classes, which remained outside the system, were more negative in their appraisal. Housewives who had requested a home call expressed the most positive verdict. There was a clearly favourable assessment of health premises and professionals and a very negative vision of the bureaucratic organisation. The low level of care for pregnant women and, especially children was particularly significant⁴⁴.

The report on Madrid (1967) highlighted the difficulties that had been experienced in obtaining the population's opinions. In general, the private doctor was preferred to the public one and the report concluded that the population of the capital were unimpressed by the SOE⁴⁵. The data from the second FOESSA report (1970) showed growing discontent with the healthcare offered by the ASSS. Only one half of the population interviewed expressed a positive opinion, in comparison with the 67% of 1966. On the other hand, only 10% of the rural population, who accessed the scheme later than the urban one, had a negative opinion of the SOE. Lower social classes assessed the system more positively⁴⁶.

43. The FOESSA foundation was sponsored by the Catholic Church.

44. De Miguel Rodríguez, Amando; Gómez-Reino y Carnota, Manuel; Andrés Orizo, Francisco, dirs. Informe sociológico sobre la situación social de España. Madrid: Euroamérica; 1966, p. 138-148.

45. Rodríguez Osuna, Jacinto. Sanidad. In: Rodríguez Osuna, Jacinto, dir. Informe sociológico sobre la situación social de Madrid. Madrid: Euroamérica; 1967, p. 170-175.

46. De Miguel Rodríguez, Amando et al. dirs. Informe sociológico sobre la situación social de España 1970. Madrid: Euroamérica 1970, p. 792-793.

3.3. Socioeconomic factors and healthcare

In this context of new demands and increasing dissatisfaction with healthcare, the III Social and Economic Development Plan had some conceptual novelties such as the assessment of the consequences of social changes⁴⁷. The Plan recognised the great impact of factors not directly linked to health services on the health level of the population. It also acknowledged general conditions of life, particularly food, as primary contributors to health, and introduced the concepts of quality of life and consumerism of medical and social services as significant features of the welfare system. Hospital reform and the improvement of rural healthcare through regionalisation, coordination and hierarchisation of health services were essential targets of the plan.

On the prevention side, the priority was once again the struggle against infectious diseases, although the significance of other health problems such as cardiovascular and mental diseases or traffic accidents was also highlighted. Health education was only mentioned as a general goal and no specific measures were outlined. The importance of pharmaceutical expenditure was emphasised but it was not contextualised within the framework of the consumerism mentioned above.

Planning did not only come from the central government. In 1969, the *Diputación Provincial de Barcelona* (the Provincial Council of Barcelona) published a long and rigorous report on healthcare and hospital reform in Catalonia and the Balearic Islands⁴⁸. Taking as its point of departure the pre-existent healthcare structures, the study offered a thorough analysis of the demographic and epidemiological situation and a wide range of considerations on the economic situation, social structures and accessibility to healthcare. However, it did not take into account cultural factors and the proposals were limited to the organisation and deployment of the healthcare dispersive.

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47. Comisión del Plan de Desarrollo Económico y Social. Comisión de Seguridad Social, Sanidad y Asistencia Social. III Plan de Desarrollo Económico y Social (1972-1975). Madrid: Presidencia del Gobierno; 1972.
 48. Aragó Mitjans, Ignacio; Artigas Candela, José; Muntaner Pascual, José M. et al. Plan general de regionalización hospitalaria en Cataluña y Baleares. 5ª región hospitalaria española. Barcelona: Diputación Provincial de Barcelona; 1969. The work was republished in the journal Estudios sobre Hospitales y Beneficencia together with a study on the healthcare needs of the region of sanitaria Vic (central Catalonia): Reixach Pla, Modest, Cullell Puigdemunt, Teresa. Zona de influencia de Vic. Programa de necesidades. Estudios sobre Hospitales y Beneficencia.1970; adicional al n.º 41-42: 7-93.

This shortcoming was partially corrected in two texts published by a group of paediatricians⁴⁹ who provided a new perspective on health and disease. The authors, using simple qualitative techniques of social research, analysed the problems of child healthcare in the slums of Barcelona and rural counties which lacked a coordinated and decentralised hospital network. They exposed difficulties of accessibility to services, advocated the role of education, not only in schools, in order to build a culture of health and disease, and underlined the need to take into account the social, cultural and language differences of the migrant population from the impoverished rural areas of Spain.

3.4. A disease-centred health system

Neither the plans, nor the complaints directed at the health sector included criticism of the hegemony of the healing approach centred on the hospital. In fact, the emphasis on therapy became increasingly powerful, and marginalised other approaches to health problems. The attempts to introduce the WHO and UNESCO proposals of health education in schools had failed⁵⁰. The participative dynamics that international organisations gave to health education in the workplace, schools or communities, were incompatible with the political stagnation of the Regime. These problems were well illustrated by the proposals of the pedagogue Adofo Maíllo (1901-1995) regarding not only health education but popular education in general⁵¹. He defended the strategy of identifying the needs of communities before developing an educational campaign. These ideas were not possible under the dictatorship.

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49. Calafell Gibert, Pedro et al. La hospitalización pediátrica en Cataluña. *Pediatria Catalana*. 1967; 28 (3):183-221; Casassas, Oriol et al. La pediatría en el suburbio. *Pediatria Catalana*. 1968; 29 (2): 121-174.
 50. Terrón, Aida; Comelles Josep M; Perdiguero-Gil, Enrique. Schools and health education in Spain during the dictatorship of General Franco (1939-1975). *History of Education Review*. 2017; 46 (2): 208-223.
 51. Maíllo, Adolfo. Concepto y límites de la educación sanitaria escolar. *Vida Escolar*, 1961; 4 (26): 2-8. Maíllo, Adolfo. Antropología cultural de las comarcas subdesarrolladas y educación fundamental. In: *La educación en la sociedad de nuestro tiempo*. Madrid: CEDODEP. p. 247-264. In order to have trained staff to conduct studies based on communities he proposed the introduction of Cultural Anthropology as a university subject.

In 1959, Spain joined the *Union Internationale pour l'Éducation Sanitaire Populaire*, set-up in 1951⁵². In 1965 the organisation held a congress in Madrid and some Spanish participants published a book on health education⁵³. These initiatives had no practical application. Years later, Yuste (a medical officer who would later be spokesman for the PSOE in the health commission of the Parliament) described the sporadic health education activities developed by a handful of government departments, especially the DGS, through the Section of Health Propaganda⁵⁴.

Medical doctors were not interested in the development of policies centred on the prevention of disease. Although the General Education Law of 1970 allowed some flexibility, the syllabus of the Degree in Medicine has continued to show a clear bias towards pathology and therapeutics and left basic and preventive disciplines in the wings⁵⁵. It ignored international recommendations on the need to include social medicine⁵⁶ and social sciences⁵⁷ in medical education. The training that Spanish medical doctors received on preventive medicine and public health were based on an outdated concept of hygiene. Any consideration of the need for health education, was based on a top-down approach. Clinical practice took liberal medicine as its reference: a face to face doctor-patient relationship, which ignored the context, and hinged on the trust-authority connection. The only discourse favoured by the medical profession was that offered by Pedro Laín Entralgo (1908-2001) in his historical studies on the doctor-patient relationship⁵⁸. The model of practice based on liberal medicine was hegemonic, at least, until

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52. Modolo, M. Antonia; Mamon, Joyce. eds. A long way to health promotion through IUHPE conferences, 1951-2001. Perugia: Interuniversity Experimental Centre for Health Education; 2001.
 53. De la Quintana, Primitivo, coord. Problemas de Educación Sanitaria. Madrid: Editorial Universitaria Europea; 1965.
 54. Yuste Grijalba, F. Javier. La educación sanitaria. Madrid: Marsiega; 1971, p. 108-109.
 55. Maset, Pedro ¿Crisis en la enseñanza de la medicina? In: Partido Comunista de España. Primeras Jornadas Sanitarias del P.C.E. Madrid: PCE; 1978, p. 173-189.
 56. De la Quintana, Primitivo. La Medicina social como problema docente. Revista de Educación. 1953; 5 (12): 1-11 and 5 (13): 110-123. De la Quintana, Primitivo. Sociedad, cambio social y problemas de salud. Discurso de ingreso ... Madrid: Real Academia Nacional de Medicina; 1966, p. 96-99.
 57. López Piñero, José M. Hacia una ciencia sociomédica. Las ciencias sociales en la enseñanza médica. Medicina Española. 1971; 65: 13-22; Infante, Alberto. Cambio social y crisis sanitaria. In: Infante, Alberto, coord. Cambio social y crisis sanitaria. (Bases para una alternativa). Madrid: Ayuso, 1975, p. 19.
 58. Laín Entralgo, Pedro. La relación médico-enfermo. Historia y teoría. Madrid: Revista de Occidente; 1964.

the setting-up of the speciality of Family and Community Medicine (1978) and its implementation by the LGS (1986).

3.5. The Inter-Ministerial Commission for Health Reform

In the last months of Franco's rule, the Regime made a final attempt at health reform and at the end of 1974 launched an Inter-Ministerial Commission for Health Reform⁵⁹. Its report was issued in July 1975 and consisted of a series of proposals and recommendations on all the aspects within the health sector. Although Franco's death prevented the implementation of the proposals, it is nonetheless worth mentioning those aspects that would appear frequently in the debates of the following years, especially those that considered a more integrated health system. The report included an opening declaration of principles on the universality of the right to health, on terminology (collective health, family medicine), and on areas of interest (family planning, the elderly) which had previously been largely ignored. The document highlighted the importance of prevention measures, health promotion and health education and put forward a major reorganisation of the public health services. The recommendations also included the need to remove the obstacles that caused unequal access to health services due to their fragmentary character. Notwithstanding the lack of planning for a unified national health service, the report did urge coordination («single ordering» was the expression used) and a network of local health centres and regional hospitals distributed throughout the territory⁶⁰.

After the dictator's death, and despite the major restructuring introduced under the Social Security, both government and opposition agreed on the need to reform the health sector. Social change and the shortcomings of the health system encouraged an intense debate on the reorganisation and reorientation of health measures.

59. Orden de 26 de diciembre de 1974, por la que se crea la Comisión Interministerial para la Reforma Sanitaria.

60. Comisión Interministerial para la Reforma Sanitaria. Informe al Gobierno. Madrid: Ministerio de la Gobernación; 1975.

4. Towards a new health system (1975-1978)

A number of projects for health reform were published after Franco's death, both by government departments and other social agents (such as medical doctors, sociologists, economists, journalists and members of social movements). In this section we describe the characteristics of the national health service projected by those who considered that the social insurance model of Francoism was obsolete.

4.1. *The governmental reform proposals*

The proposals of successive governments of the period from the death of Franco to the ratification of the Constitution in 1978 are less interesting for our purposes as they mainly addressed the organisation of healthcare. In 1976, a draft health reform plan was considered but never published. Before the democratic elections of 1977, the Ministry of Labour issued two reports on the Social Security and pharmaceutical care⁶¹. The first democratic government was formed in July 1977 in an environment of social unrest and against the backdrop of a wave of strikes, including several affecting hospitals⁶². The new Ministry of Health and Social Security, Enrique Sánchez de León, former inspector of labour and social security, had little success with his project for health reform although he did carry out several organisational reforms. He suppressed the National Institute of Welfare and replaced it with new organisations including the National Institute of Health, which was to be in charge of healthcare. He introduced a *numerus clausus* to the degree of medicine due to over-enrolment and made Nursing a university degree. Finally, the Ministry regulated the training of medical specialities and specialist residencies in hospitals, and set up the speciality of Family Medicine. Sánchez de León resisted the proposals for a national health

61. Ministerio de Trabajo. Libro blanco de la Seguridad Social. Madrid: Ministerio de Trabajo; 1977. Mayor Domingo, Federico, dir. Investigación sobre la asistencia farmacéutica en España: estudio socioeconómico sobre el conjunto de la asistencia sanitaria española. Madrid: Ministerio de Trabajo; 1977.

62. There were widespread hospital strikes in December 1977, June 1978, and the winter of 1979.

service but was unable to obtain the support of medical associations and those sectors in favour of the maintenance of the Social Security system⁶³.

4.2. The reform projects of the political parties and trade unions

The legalisation of political parties in 1977 allowed the publication of their policy papers and programmes. The priority of left-wing organisations was to democratise the country, and consequently they tended to ignore specific issues and policies, although some of their affiliates did publish proposals for health reform, which we analyse below. For example, the 1975 Manifesto of the PCE (*Partido Comunista de España*/Spanish Communist Party) which was reprinted in 1977, made only two generic references to the health sector, which included proposals for free healthcare for all, health planning with emphasis on research and preventive measures, and proper salaries for health workers⁶⁴. The resolutions of the XVII Congress of the PSOE (*Partido Socialista Obrero Español*/Spanish Socialist Worker's Party) held in 1976, made only one mention of health in the context of measures to promote the equality of women⁶⁵. Their electoral programme in 1977 mentioned health only twice⁶⁶. At the 9th Congress of the PCE held in Madrid in April 1978, some ideas on the health sector were discussed briefly and superficially, together with proposals on culture, education, research and mass media⁶⁷. The communist trade union *Comisiones Obreras* published its own programme⁶⁸

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63. Sánchez de León, Enrique. Sanidad y democracia. Madrid: Ministerio de Sanidad y Seguridad Social; 1978. Sánchez de León, Enrique. Modelo político y reforma sanitaria. Madrid: Ministerio de Sanidad y Seguridad Social; 1978. Jurado Salván, Enrique. Crónica de la Transición Sanitaria en España (1977-1992). Del discreto encanto de la reforma prometida al informe Abril. Madrid: (n. p.); 1993, p. 23-37. Vilar-Rodríguez, Margarita; Pons-Pons, Jerònima. El debate en torno al seguro de salud público y privado en España: desde la transición política a la Ley General de Sanidad (1975-1986). Historia y Política. 2018; 39: 261-290.
 64. Partido Comunista de España. Manifiesto-Programa del Partido Comunista de España 1975. Madrid: PCE; 1977, p. 39 and p. 41.
 65. Partido Socialista Obrero Español. Resoluciones del XVII Congreso del Partido Socialista Obrero Español. 4-7 de noviembre de 1976. Madrid: PSOE; 1976, p. 13.
 66. Partido Socialista Obrero Español. Programa Electoral del Partido Socialista Obrero Español. Elecciones Generales 1977. Madrid: PSOE; 1977, p. 5 and p. 15.
 67. Partido Comunista de España. 9º Congreso del Partido Comunista de España. Barcelona: Crítica; 1978, p. 127-128.
 68. Comisiones Obreras. Primer Congreso. Programa de la Confederación Sindical de Comisiones Obreras. Madrid: CC.OO.; 1978, p. 23-24.

with a brief chapter on health policy; and the socialist trade union, the *Unión General de Trabajadores*, also made schematic suggestions⁶⁹. A sociological analysis of the models of the political parties for health reform published in 1978 referred to «future» plans, due to the vagueness of the documents⁷⁰. Nevertheless, the same year, the discussions held at the PCE and PSUC (*Partit Socialista Unificat de Catalunya/Unified Socialist Party of Catalonia*) conferences on the health sector went into far greater detail⁷¹.

A significant part of the debate on health reform took place among the circles of medical doctors and health technicians from a wide spectrum of political positions (albeit dominated by the left). There had been discussions on how to reform the health sector since the early 1960s, frequently at the meetings of doctors' associations, conferences or courses, and this pattern became especially relevant after 1975. There were two paradigmatic examples of these debates. The first is a book on social change and the crisis in the health sector⁷², with chapters, mainly from communist doctors, covering a wide range of health problems. Some were extended versions of the papers presented at the Second Congress of Young Doctors (Valencia, May 1972)⁷³. The second example, which had a long-lasting impact on the debates of the 1970s and 1980s, was the Tenth Conference of Catalan-speaking doctors and biologists (Perpignan, September 1976)⁷⁴. The participants came from

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69. Unión General de Trabajadores. Memoria que presenta la Comisión Ejecutiva al XXXI Congreso de la Unión General de Trabajadores. Madrid: UGT; 1978, p. 156. Pérez Iglesias, Fernando. Los planteamientos sanitarios de los sindicatos de clase en la transición española. In: Huertas, Rafael; Campos, Ricardo, coords. Medicina social y clase obrera en España (Siglos XIX y XX). II. Madrid: Fundación de Investigaciones Marxistas; 1992. p. 581-594
 70. De Miguel, Jesús M. Los partidos políticos españoles ante la reforma sanitaria. In: De Miguel, n. 7, 1978, p. 429-452. We should mention also the agreements signed between the government, the political parties and trade unions, in October 1977 [*Pactos de la Moncloa*]. On the content of these agreements on health policies see Elola, n. 8, p. 51-52. Most have no practical consequences.
 71. Partido Comunista de España. Primeras Jornadas Sanitarias del PCE. Madrid: PCE; 1978; Partit Socialista Unificat de Catalunya. I Jornades de Sanitat del PSUC. Barcelona: PSUC; 1978. The PSOE also held a conference on the health sector in June 1978 but we have not found the text of the contributions.
 72. Infante, Alberto, coord. Cambio social y crisis sanitaria. (Bases para una alternativa). Madrid: Ayuso; 1975.
 73. Marset Campos P. Estructuras político-administrativas y salud pública en España. Revista de Sanidad e Higiene Pública. 1994; 68: 57-64.
 74. Xè Congrés de Metges i Biòlegs de Llengua Catalana. II Ponència. Funció social de la medicina. Vol. 2. Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia, 1976. Some questions debated in this conference also appeared in Gol, Jordi et al.

a variety of political positions, although medical doctors of the PSUC played a dominant role⁷⁵. On the whole, these writings reflected the inspiration of European experiences, particularly in the United Kingdom and Italy, where socialist and communist doctors played a preeminent role in the discussions on Italian health reform. The works of Franco Bassaglia, in the psychiatric field, and Alessandro Seppilli and Giovanni Berlinguer, in public health and policies, had a profound impact on the process⁷⁶.

It is also important to take into account the contribution of grassroots movements, essential in the democratisation of Spanish society⁷⁷. Neighbourhood associations denounced healthcare inadequacies⁷⁸ and health activism was an important factor in specific areas such as family medicine, family planning or mental health⁷⁹.

4.3. A new national health service

All the proposals put forward by those identified with the «democratic opposition» had several common traits. The preferred model was a national health service with universal coverage for the Spanish population financed

Salut, sanitat i societat. Per una resposta socialista a l'actual situació sanitària. Barcelona: 7 x 7 edicions; 1977.

75. Their ideas also appeared in several publications: Acarín, Nolasc et al. La sanidad hoy. Apuntes críticos y una alternativa. Barcelona: Avance; 1975. Acarín, Nolasc et al. La salud, exigencia popular. Barcelona: Laia; 1976. Acarín, Nolasc et al. Servicio Nacional de Salud. Una alternativa democrática a la sanidad. Barcelona: Laia; 1977.
76. Berlinguer, Giovanni et al. Medicina y sociedad. Barcelona: Fontanella; 1972. De Miguel Rodríguez, Jesús M. Policies and politics on the health reforms in Southern European countries: a sociological critique. Social Science and Medicine 1977; 11: 379-393. See Vicarelli, this issue.
77. Quirosa-Cheyrouze Muñoz, Rafael, coord. La sociedad española en la Transición los movimientos sociales en el proceso democratizador. Madrid: Biblioteca Nueva; 2011.
78. See, for example, the news on the study of healthcare in La Sagrera, a neighbourhood of Barcelona, carried out by the neighbourhood association (La Vanguardia, 30 October 1974: 34). See also Villalanda, Alberto. Las barriadas urbanas. Papel de los movimientos sociales urbanos en la alternativa sanitaria. In: Infante, n. 72, p. 151-168.
79. Fajardo Alcántara, Angélica. El proceso de especialización de Medicina Familiar y Comunitaria en España. Cambios profesionales en Atención Primaria en la década de 1980 [PhD dissertation]. Universidad de Granada; 2007. Ortiz-Gómez, Teresa; Ignaciuk, Ágata. The fight for family planning in Spain during late Francoism and the transition to democracy, 1965-1979. Journal of Women's History. 2018; 38 (2): 38-62. Huertas, Rafael. Psiquiatría, antipsiquiatría y movilización social: la Coordinadora psiquiátrica. In: Huertas, Rafael, coord. Psiquiatría y antipsiquiatría en el segundo franquismo y la Transición. Madrid: Los Libros de la Catarata; 2017, p. 80-104.

by the State budget. To achieve this aim, Spain required a modern tax system (introduced in 1977) and, therefore, it was also necessary to design a transitory stage from the old to the new funding system⁸⁰.

Another essential feature of the proposed health service was the provision of comprehensive services: health education, public health and preventive medicine, healthcare, rehabilitation and social reintegration. The defence of health, instead of healing, was to be the main objective of health activities. The bias of the existing health system towards treatment was linked to the problem of excessive pharmaceutical expenditure caused by the priority given to prescriptions in general medical consultations and the regulations that favoured the profits of the pharmaceutical industry⁸¹.

In order to prioritise the prevention of diseases, it was essential to identify the biological, environmental, and social causes of the diseases. In this context, the participation of the population in the planning, management and assessment of the health services was considered indispensable. Health boards, organised at different levels (national, regional, local), with the involvement of health authorities, health professionals and citizens, were subsequently proposed as the popular mechanisms of control. This factor was heavily stressed by communists who were inspired by the proposals of the Italian Communist Party⁸² and insisted on a significant role for municipalities and neighbourhoods in the development of health activities⁸³.

Another aim of the health reform was to overcome accessibility inequalities, through «regionalisation» and «decentralisation». The idea was to organise all health activities through a hierarchic network of centres with varying degrees of specialisation. In Catalonia, which had already discussed regionalisation plans in the first third of the twentieth century and the 1950s and the 1960s, the emphasis on this topic was especially important⁸⁴.

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80. Reventós, Jacint; Artigas, Josep; Brunet, Josep Maria. Passos en la reforma sanitària. In: Xè Congrés de Metges i Biòlegs de Llengua Catalana. n. 74, p. 408-415.
 81. This topic was analysed in detail by Lobo, Félix. Estructuras monopolísticas y análisis industrial en España: el caso de la industria farmacéutica. *Boletín de Estudios Económicos*. 1977; 32 (102): 795-833; Lobo, Félix. Qué hacer con la industria farmacéutica. In: Partido Comunista de España, n. 70, p. 121-130.
 82. Barnola, E. et al. La gestión democrática de los servicios y centros sanitarios. In: Partit Socialista Unificat de Catalunya, n. 71, p. 17-24; Acarín, Nolasc; Artemà, Antoni. Sanitat i Política Municipal. In: Partit Socialista Unificat de Catalunya, n. 71, p. 69-76.
 83. See Vicarelli in this issue.
 84. Acarín, Nolasc. Bases para la regionalización sanitaria. In: Acarín et al., n. 75, 1975 p. 111-133. Acarín, Nolasc; Espasa, Ramón. La regionalización sanitaria en Catalunya. Una alternativa. In: Acarín

Although all the proposals we have analysed shared these general traits, most put special emphasis on the last, and discussed in detail the different levels of healthcare premises, their functions, the volume of population covered and how to coordinate them. Some authors criticised the predominance of hospitals and highlighted the role of health centres, which were designed to replace overcrowded outpatient clinics and provide basic and comprehensive health services. An improvement in the quality of medical general consultations was considered as the best way to reduce pharmaceutical expenditure⁸⁵. Nevertheless, the plans continued to pay more attention to hospitals and the health professionals working in them⁸⁶. The alternative proposals to set up a national health service continued to address primarily the low numbers of hospital beds, the problems generated by large highly specialised centres, the difficulties of accessibility for the rural population, the lack of integration among the diverse hospital networks, the increasing relevance of the private sector, the shortage of nurses and midwives, the conflicts arising as a consequence of the working conditions of rural physicians, etc. As many of the left-wing medical doctors writing on health reform worked in hospitals, the degree of precision in the discussions dealing with hospital care was usually high.

4.4. The defence of health

The most original writings on health reform were those which explored in detail the consequences of establishing the defence of health as the keystone of health services and which demanded a radical change in the way health services were conceived. Several approaches emerged, usually overlapping in their discourses: the conceptualisation of health, the biological bias of scientific medicine and the need to analyse the idea of multi-causality⁸⁷ and how the organisation of society caused diseases.

et al., n. 75, 1975, p. 135-146; Balanzó, Xavier; Teniente, Josep M. La sanitat a les comarques. In: Gol et al. n. 74, p. 129-143.

85. Borasteros, Carlos. Salud, enfermedad y sociedad. Madrid: Forma; 1978, p. 58 and p. 101-124. Equip d'Estudis. El centre de salut, objectiu per l'assistència primària. In: Partit Socialista Unificat de Catalunya, n. 71, p. 85-88.
86. De Miguel, n. 7. Cuervo Argudín, José. Notas para el debate sobre los trabajadores y profesionales sanitarios. In: Partido Comunista de España, n. 71, p. 139-151.
87. This idea was also stressed by medical officers working in government departments: De la Quintana, n. 56, 1966; Serigó, n. 23, p. 407-408.

The most influential and comprehensive discussion on the concept of health was offered by the Catalan general practitioner, Jordi Gol (1924-1985). He criticised the prevailing concepts, especially that of the WHO, and proposed a dynamic notion based on the ability to reach self-fulfilment in a specific society through autonomy, solidarity and happiness⁸⁸. PCE doctors backed the concept proposed by the public health doctor, Enrique Nájera (1934-1994)⁸⁹, which stressed social balance and integration in society⁹⁰. Both authors highlighted the positive value of health and the dynamic relationship with biological, environmental and social factors.

The aim of the health services should be to avoid any circumstance that hindered self-fulfilment, social integration and happiness, by redistributing wealth to avoid inequalities based on social class or geographical distribution. Therefore, health activities were to concentrate on the processes that led to disease, rather than on those to be applied once the harm has already been done. This was also the rationale of the rigorous study by the socialist doctor Martínez Navarro for the organisation of the Valencian Country health service on the concept of «epidemiological chains» in which he used epidemiological methods to analyse the way in which economic, social and political structures, produced diseases⁹¹.

Some communist doctors, using Marxism and the history of medicine as tools of analysis, concluded that the fight against the social origins of disease had no sense in a capitalist society based on profit. Doctors, who developed scientific medicine by studying physical, chemical and biological processes, who ignored the social side of diseases, and who limited themselves to the diagnosis and treatment of sicknesses gave scientific cover to the unequal social system. On the other hand, medicine in developed countries was based on a doctor-patient relationship with an individual approach, and the increasing commodification of medicines, health products and technologies. These authors urged an epistemological change for medical research, centred on scientific knowledge that was not confined to biological causality, and the

88. Gol i Gurina, Jordi. Cap un nou concepte de salut. In: Gol et al, n. 74, p. 11-29.

89. For the Nájera's definition, such as was quoted later see Nájera, Enrique. *La Salud Pública: una teoría para una práctica ¿Se precisa su reconstrucción?* In: Desarrollo de la teoría y la práctica de la Salud Pública. Washington: OPS; 1991, p. 4-13.

90. Borasteros, n. 85, p. 10. Catalá, Francisco. Ideología burguesa y sanidad. In: Partido Comunista de España, n. 71, p. 85-92.

91. Martínez Navarro, Ferran. *Estructura i malaltia. Una alternativa sanitària per al País Valencià*. València: Tres i Quatre; 1978.

inclusion of the social sciences as an essential ingredient⁹². In this context, the «*ruptura sanitaria*» (radical overhaul of the health system)⁹³ required to build the new health service from redirected scientific medical knowledge, was considered a «strategic» battle in the campaign for more global social changes. The consideration of the social causes of diseases and the participation of the population in the management of health services would expose the contradictions of the capitalist system and encourage mobilisations and/or «revolutionary» initiatives. Therefore, the health proposals of some left-wing political forces, especially the PSUC and the PCE⁹⁴, transcended their technical content, and became associated with general political strategy.

Closely related to the problem of how medical knowledge had been developed was the question of how and what medicine should be taught, as the new health services required a different type of medical doctor⁹⁵. The shortcomings of the Francoist faculties of medicine were analysed thoroughly: the authoritarianism of the professors, the lack of suitable teaching premises and teaching staff, the problems of the university hospitals and the role of *Seguridad Social* hospitals in medical education, the inadequacies of the syllabus and the pedagogical methods, and the surplus of medical students. Some solutions were proposed, but the need for a new syllabus was not considered in detail⁹⁶. There was a general agreement on the need to

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92. Espasa i Oliver, Ramón, Relaciones sociales y medicina. In: Acarín et al, n. 75, 1975, p. 13-32. Catalá, n. 90; Campos i Avillar, Joan. Hacia un modelo de ruptura educativa para la reforma sanitaria. In: De Miguel, n. 7, 1978, p. 121-151.
93. Reventós, Artigas, Brunet, n. 80, p. 408.
94. Infante, n. 72; Espasa i Oliver R. La promoció de la salut, objectiu primordial de la medicina i de l'organització sanitària. In: Xè Congrés de Metges i Biòlegs de Llengua Catalana, n. 74, p. 282-287; Borasteros, Carlos. Sanidad y Seguridad Social. Nuestra Bandera. 1977; 68: 69-72. Borasteros, n. 85. Comissió de Sanitat del Partit Unificat de Catalunya. Bases polítiques per a un programa sanitari del PSUC. Nous horizons. 1977; 38: 57-62.
95. Cañellas, Jerònima et al. Enseymament de la medicina. In: Xè Congrés de Metges i Biòlegs de Llengua Catalana Llibre d'Actes. 3. Barcelona: Acadèmia de Ciències Mèdiques de Catalunya i de Balears. Societat Catalana de Biologia; 1976. p. 541-545; Campos, n. 92; Grupo de Estudios sobre la Enseñanza de la Medicina. La crítica del sistema educativo de la medicina. In: De Miguel, n. 7, p. 105-119; Marset, Pedro ¿Crisis en la enseñanza de la medicina? In: Partido Comunista de España, n. 71, p. 173-189; The Inter-Ministerial Commission on Health Reform already acknowledged the inadequacy of the medical syllabus for its bias on hospital practice: Comisión Interministerial 1975, n. 60, p. 38. Most of the analysis considered only medical education, although the training of pharmacists and the need to improve the degree courses of other health professionals was also mentioned.
96. Laporte, Josep. L'ensenyament de les ciències sanitàries. In: Gol et al., n. 74, p. 203-223. Marset, n. 95.

introduce social sciences in medical education but there were no detailed proposals for subjects that would have trained medical doctors in the skills they would require to study the social, economic and political determinants of diseases. In all likelihood, as was the case in the assessment of hospitals or health education, medical doctors writing on health reform had insufficient distance from the clinical world or critical training to detail more nuanced changes in medical education.

4.5. Health education

In the face of the new concepts of health and health services proposed by reformers, health education became increasingly significant. The question remained however: what did health education mean? As Jubert stated, there was some confusion surrounding the concept⁹⁷. Most of the writings we considered did not define or trace strategies for the development of health education. The only common feature was the agreement on its weakness under Francoism and the key role it was to play in the new health service. In many cases (for example Jubert), authors advocated a top-down approach. The topics most commonly proposed for inclusion were healthy or unhealthy behaviours and the correct way to use medicines and health facilities. Some social groups were special targets: children, teenagers, women, the elderly and industrial workers. Although this hierarchical perspective on health education as indoctrination was sometimes criticized⁹⁸, it remained predominant⁹⁹.

Some texts offered assessments of popular medical culture. The second FOESSA report stressed the need to identify the beliefs of the population regarding health and disease¹⁰⁰. De Miguel's appraisal went further and popular medical culture was seen as an obstacle to the doctor-patient

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97. Jubert i Gruart, Joaquim. Educació sanitària: pressupòsits bàsics per una pedagogia de la salut. In: Xè Congrés de Metges i Biòlegs de Llengua Catalana, n. 74, p. 343-353. Jubert Gruart, Joaquim. Educació per la salut. Objectius i etapes. In: Gol et al., n. 74, p. 59-73.
 98. Gol et al., n. 7, p. 83; Equip d'Estudis, n. 85, p. 86.
 99. Acarin et al., n. 75, 1976, p. 48-49; Acarín al., n. 75, 1977, p. 53. Casares, Ramón; Roca, Francina. La medicina i la higiene escolar. In: Gol et al., n. 74, p. 155-175.
 100. De Miguel et al., n. 46, p. 976-977. Although the second FOESSA report did not identify the authors of the chapters, there is no doubt that Jesús M. De Miguel was the author of the health section.

relationship and the functioning of hospitals¹⁰¹. As a result, there was a plea for the implementation of health education programmes involving schools, popularisation books and Spanish Television¹⁰². Some authors made a more nuanced assessment of some features of popular medical culture and stressed the fact that as result of the process of medicalisation, its main origin was scientific medicine and the pharmaceutical industry¹⁰³. It is worth mentioning the case of Adolfo Serigó who (like Maillo in educational circles) proposed the use of anthropological concepts and methods to assess the culture of the population and their needs before designing suitable health education campaigns¹⁰⁴.

On some occasions a new role was assigned to health education: the horizontal interchange of information on health behaviours and social conditions, between health professionals and citizens¹⁰⁵. Martínez Navarro considered its main goal was to achieve the participation of the population in the planning and management of health activities¹⁰⁶.

In the light of most of the proposals on health education, we can say that this term was generally used rhetorically. It was linked to the participation of the population in the task of protecting their own health, but was implicitly conceived as a vertical activity designed to achieve «good» health behaviour without considering the «lay» point of view¹⁰⁷.

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101. It is surprising than De Miguel shared the doctors' negative appraisal of popular beliefs if we take into account the fact that he played a pivotal role in the introduction of Medical Anthropology in Spain. Years later he edited: Kenny, Michael; De Miguel, Jesús M., comps. *La Antropología médica en España*. Barcelona: Anagrama, 1980.
 102. Perdiguero Gil, Enrique. La popularización médica durante el franquismo: un primer acercamiento. In: Comelles, Josep M., Perdiguero Gil, Enrique, coords. *Educación, comunicación salud. Perspectivas desde las ciencias humanas y sociales*. Tarragona: Publicacions URV; 2017, p. 105-138.
 103. Campos, n. 92, p. 124; Bonal, Raimon. Les resistències a qualsevol reforma sanitaria. In: Gol, et al., n. 74, p. 111-127.
 104. Serigó Segarra, Adolfo. Las bases de la educación sanitaria. In: *Bases sociales de la asistencia a los enfermos mentales*. Madrid: PANAP; 1969. p. 282-299.
 105. Reventós, Jacint; Artigas, Josep. Filosofia per a la reforma sanitaria: El servei nacional de la salut. In: Gol et al., n. 74, p. 89-110.
 106. Martínez Navarro, n. 91, p. 76.
 107. Years later, under the influence of frequent interchanges with the Italian anthropologists of the Perugia centre, this narrow conception of health education was overcome: Comelles, Josep M. et al. *Health education and medical anthropology in Europe: the cases of Italy and Spain*. Salud Colectiva. 2017; 13 (2): 171-198.

5. Conclusion

The process of the Spanish health reform is usually considered as confined to the years from General Franco's death (1975) to the approval of the General Health Law in 1986. Nevertheless, as we have analysed, the situation was more complex. There was «reformism» under Franco's regime, the success of which depended on the strength of the diverse social and political actors and the institutional settings in which they operated¹⁰⁸.

From the mid-1950s onwards a series of reform proposals and projects appeared for different areas parts of the Spanish health sector. At the end of the decade some doctors opened a debate on the modernisation of hospitals. This topic was also discussed in the 1960s, with the participation of health professionals and academics, together with some proposals for the reorganisation of healthcare services intended to address the problem of the unequal territorial distribution of health facilities and the lack of coordination (the key concept used was «administrative regionalisation»). The priorities of the three Social and Economic Plans (1963, 1967, 1973), designed by the government to drive economic development, were to strengthen the fight against infectious diseases, to overcome sanitation shortcomings, to build healthcare facilities (inadequate for the growing percentage of the population covered by the SOE), and to improve healthcare in the rural milieu. The increasing extension of the coverage of the health insurance scheme was crucial for the medicalisation of Spanish society, which reflected a clear imbalance in favour of the treatment of diseases.

The implementation of the *Seguridad Social* (1967) significantly reformed the Spanish health system: it increased the percentage of population covered by public health insurance, attempted to simplify health funds, and offered the same service package to all those insured. Some of these changes would be the basis for the health reform of the mid-1980s. Nevertheless, this health insurance framework did not prevent the increasing perception, among the population, the opposition to Franco, and the more open-minded sector of the Regime, that the health system was obsolete.

During the 1970s the demands for reform were not satisfied either by the last governments of the Franco era, or by those that followed in the

108. Guillen, n. 5; Guillén, Ana M. The Politics of Universalisation: Establishing National Health Services in Southern Europe. *West European Politics*. 2002; 25 (4): 49-68.

aftermath of his death. Left-wing doctors (and other professionals) committed to the «democratic opposition», proposed a reform (or rather a radical transformation) through the introduction of a National Health Service that was financed out of general taxation, was decentralised, and would integrate prevention, treatment and rehabilitation. The proposals stressed both the participation of the population in the management of the health system and the role of health education. Their objectives were only partially implemented within the LGS. However, it is important to emphasise how in those early years of the democratic transition, the struggle for a health service centred on the defence of health was seen as an important component in the process to achieve deeper social change. The priority should be the fight against the social causes of disease, instead of the treatment of illness. The opportunity to replace health services centred on treatment and build a medical discourse that was not restricted to the biological conception of disease was seriously debated. The process of health reform over the early 1980s was slow, due to the need to build consensus, and the objectives would be less ambitious than those discussed in the 1970s. Nevertheless, the proposals to go beyond the treatment of disease inspired new ways to deploy such health services as Primary Health Care, helped shape a new health culture with greater emphasis on health education and health promotion, and modified the way Spanish society was medicalised. The nuanced analysis of these topics is beyond the scope of this article and will be the subject of future studies. ■