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Economic thought and health: a revisited Braga and Paula's critique of the neoclassical approach reviewed

Pensamento econômico e saúde: a crítica de Braga e Paula à visão neoclássica revisitada

Pensamiento económico y salud: la crítica de Braga y Paula a la visión neoclásica revisada

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Abstract
This article analyzes the trajectory of economic thought and the health issue, based on a review of the contribution of Braga e Paula, seeking to reshape their criticism of the neoclassical vision to rethink 'the economics' in health at contemporary context. We opted for an essay format as a textual modality and the perspective of analysis of the method episteme was used, having as intentionality a meta-analysis of criticism elaborated by these authors, re-updating it. This paper is structured in two parts. The first analyzes the historical pathway about the relation of health and economic thought, described by Braga e Paula, in 1981, in the first chapter of their book named "*Saúde e previdência: estudos de política social*" (Health and Welfare: social policy studies). The second part is dedicated to updating the criticism of these authors, resuscitating

their contributions, to reflect on health scenario in contemporary capitalism. Finally, brief final considerations are presented.

Descriptors: Political Economy; Economic Thought; Public Health; Health Economics; Politics.

Resumo
Este artigo analisa a trajetória do pensamento econômico e a questão da saúde, a partir da revisita à contribuição de Braga e Paula, buscando ressaltar sua crítica à visão neoclássica para repensar 'o econômico' na saúde no contexto contemporâneo. Optou-se pelo formato de ensaio como modalidade textual e utilizou-se a perspectiva de análise da episteme do método, tendo como intencionalidade uma meta-análise da crítica elaborada por esses autores, reatualizando-a. O artigo está estruturado em duas partes. A primeira analisa a trajetória histórica sobre a relação da saúde com o pensamento econômico, descrita por Braga e Paula, em 1981, no primeiro capítulo do seu livro "Saúde e previdência: estudos de política social". A segunda parte se dedica a atualizar a crítica dos autores aos dias atuais, ressaltando suas contribuições, para refletir sobre o cenário da saúde no capitalismo contemporâneo. Por fim, breves considerações finais são apresentadas.

Descritores: Economia Política; Pensamento Econômico; Saúde Coletiva; Economia da Saúde; Política.

Resumen
Este artículo analiza la trayectoria del pensamiento económico y el tema de la salud, a partir de la revisión de la contribución de Braga y Paula, buscando resaltar su crítica a la mirada neoclásica para repensar 'lo económico' en salud en el contexto contemporáneo. Se eligió el formato de ensayo como modalidad textual y se utilizó la perspectiva de análisis de la episteme del método, teniendo como intención un metaanálisis de la crítica elaborada por estos autores, actualizándolo. El artículo está estructurado en dos partes. El primero analiza la trayectoria histórica de la relación entre salud y pensamiento económico en la que Braga y Paula, en 1981, que describen en el primer capítulo de su libro "*Saúde e previdência: estudos de política social*" (Salud y seguridad social: estudios de política social). La segunda parte está dedicada a actualizar la crítica de los autores a los días de hoy, destacando sus aportes para reflexionar sobre el escenario de salud en el capitalismo contemporáneo. Finalmente, se presentan breves consideraciones finales.

Descriptores: Economía Política; Pensamiento Económico; Salud Pública; Economía de la Salud; Política.

Introduction

In the last 33 years, with the implementation of the Unified Health System (SUS) in Brazil, health has become a universal right. However, the contemporary world, crossed by the hegemony of neoliberal, neoclassical thinking, no longer supported the idea of universal social rights.

In fact, since 1980, Dardot and Laval[1] have argued that the movement of capitalism has been marked by a new reason for the world, coined by the rationalization and modernization of public administration, which the authors call the **great neoliberal turn**. According to them, it has not been possible to identify the withdrawal of the State from the economy, but on the contrary, we have seen a particular form of its **presence**, completely associated with the dynamics of capital.

This reason for the world has been adopted in the logic of public policies, in general, and in health, in particular. It is a question of recognizing that we live in a paradox, in that the introduction of universal access to healthcare has had to coexist with the growth of a mindset based on defending mercantile interests. It was in the contradiction of these thoughts that the process of building the SUS was forged.

In this sense, reflecting on economic thinking and the issue of healthcare helps to better complement the place and content that the neoclassical view has occupied throughout the history of capitalism in the 20th and 21st centuries. On this subject in Brazil, Braga and Paula,[2] who seek to unravel the nature of a social policy, such as health, during the development of capitalism, which not only grows as a collective problem, but also acquires a place in economic and social thinking, stand out.

Thus, part of Braga and Paula's[a] work is dedicated to challenging the neoclassicals,[2] based on the authors' understanding of **health care**[b], which is practically restricted to microeconomic issues in the care industry and whose focus is on its administrative aspects. Bringing this critique back to life and updating its contribution to the present day seems fundamental in order to understand and confront the predominance of the neoclassical perspective in the face of contemporary transformations in healthcare production.

It is worth remembering that Braga and Paula are writing at an important time of crisis in the health sector in Brazil (Public Health and Welfare Medicine), which is undoubtedly a major motivation for the work. The crisis is identified fundamentally from two aspects: (i) the effects of national economic development on the health of the population, largely demonstrated by the terrible epidemiological conditions; and that (ii) the functioning of the productive sector structured up to that point was draining more and more financial resources and pointing to a serious crisis in the social security system. In other words, too much was being spent without any results for society. This apparent "dysfunctionality" of the productive arrangement in the health sector goes hand in hand with all the criticism of the neoclassicals that they elaborated in the first chapter.

It is based on the assumption that reviewing thought is an essential activity in order to understand the logics by which an object is forged from the point of view of the construction of knowledge. Thus, by revisiting the thinking that makes up a field, it is possible to understand what interests, processes, assumptions and intentions are in dispute. Furthermore, discussing this background encourages us to think critically about the object itself and the rhetoric that hegemonizes it, helping to identify whether it is in or out of tune with the socio-historical context in which the discussion is immersed, and also with which political projects it is aligned.

Therefore, it is pertinent to state that the essay format was chosen as the textual modality in an attempt not to be methodologically rigid,[3,4] to the point of allowing the necessary freedom in retrieving the excerpts and the authors who update the critique. However, in order to maintain a

certain analytical coherence, we used the perspective of analysis of the 'episteme of the method', often used in studies of the educational sciences,[5] whose aim is to identify rationales for understanding an object that justify certain forms of apprehension. Clearly, this study assumes the characteristic of a meta-analytical study[6] of the critique elaborated by Braga and Paula, however, it is prudent to reiterate that our aim is to demonstrate the coherence and pertinence of these authors' critique in the current Brazilian socio-historical context.

As such, our aim with this essay is to analyze the trajectory of economic thought and the issue of health, based on Braga and Paula's contribution, seeking to highlight their critique of the neoclassical view in order to rethink the economics of health in the contemporary context. The article is structured in two parts. The first analyzes the historical trajectory of the relationship between health and economic thinking, which Braga and Paula[2] describe in the first chapter of their book, "Saúde e previdência: estudos de política social"[c]. The second part is dedicated to updating the authors' critique to the present day, highlighting their contributions to reflecting on the health scenario in contemporary capitalism. Finally, brief concluding remarks are presented.

The trajectory of economic thought and health: Braga and Paula's contributions

Often, throughout economic thought and the historical trajectory of capital accumulation - from the mercantilists (16th century), through classical political economy (including its critique with Marx) to neoclassical theory - the issue of health is not dealt with directly, but can be reinterpreted in the light of the arguments put forward by these economic thoughts. At other times, health has been placed at the center of economic thinking, for example when the theory of Latin American underdevelopment, developed by CEPAL (Economic Commission for Latin America and the Caribbean) in the 1950s, was used.

Even with regard to these distances and approximations between health and economic thought, Braga and Paula[2] describe that a large part of economic thought:

> already contained notions and concepts that allowed us to understand with some precision how the social relations of production conditioned not only the state of health of the population, but also the health care promoted by the State.[2(1)]

The authors, in turn, argue that the emergence of the health issue as a specific object, not only of economic science, but also of economic policy[d], is due to the advance of capitalism and its conflicts. Especially when analyzing the difference between developed and underdeveloped capitalist structures. In the words of the authors:

> health care was presented as a transformative element, capable of pulling "devastated" nations out of their stagnant poverty. Of course, this formulation was followed by its critique.[2(2)]

For this reason, retracing this path on the issue of health in the trajectory of economic thought described by Braga and Paula[2] is fundamental to understanding the historicity of the debate.

Health in mercantilism

Mercantilism is the economic thinking that prevailed in the middle of the 16th and 17th centuries in Europe, especially in England, as Marx[7] calls the period of the so-called primitive accumulation of capital. Braga and Paula,[2] on this period, point out that the previous accumulation of commercial capital was essential for the formation of industrial capital.

To be clear, the authors draw attention to the fact that, from a political point of view, mercantilism has often been described as a power policy and a conception of society. It was an economic policy based on the pillars of protectionism, a favorable trade balance, metalism and colonialism. Thus, the Absolutist State played a very important role in primitive accumulation.

> The welfare of society was seen as identical to the welfare of the State. "Raison D'État" was to be the core of its social policy. As in any modern Leviathan, the relevant question was already: what path should the government follow to increase national power and wealth? And the answers: first, to seek to dispose of a large population; second, to provide for that population in a material sense; and third, to place it under government control, so that it can be used according to the requirements of public policy.[2(2)]

The authors emphasize the difference between the mercantilists and the classical economists,[8,9] with the latter concentrating on the discussion of the formation and distribution of value by constructing a theory of production and a theory of the distribution of income. Of course, these themes are linked to their historical epoch: the epoch of Industrial Capitalism. As for the mercantilists, since they were effectively **political**, they "sought to interfere in the activity of the State, suggesting measures that would contribute to increasing the Wealth of the Nation".[2(4)]

Drawing on Foucault's revelation, the authors point out that "medical knowledge prior to the birth of the clinic saw the issue of health not only as a problem of the body itself, but as a **consequence of the interaction between the body and the world around it**".[2(4; emphasis added)]

At this point, the authors argue that two visions marked the prehistory of the sciences: human-environment interaction and state interference in health care. Among the mercantilist thinkers, the figure of Willian Petty[10] - a doctor, economist and philosopher who lived between 1623 and 1687 - stands out, with concerns about: taxes, trade, population, education, the plague, etc.

For him, health issues were basically related to natural fertility and population. These were the basic conditions for national prosperity. "It was the duty of the state to stimulate the progress of medicine."[2(4)] In reality, for him, human life should be reduced to working capacity. Neoclassical economists would later take up this idea. They conceive of "the human being only as a capacity for work: in the theory of human capital, man is reduced to a mere element of production".[2(5)]

A follower of Hobbes, Petty defended the strong presence of the state in dealing with issues of national wealth. The authors say that he:

> accepted the thesis that the government was justified in developing political or institutional measures by which to increase national power and wealth, while recognizing that it was up to public policy to aim at

> improving the living standards of the population, which should be as numerous as possible, but composed of healthy and happy people.[2(5)]

In this context, Petty dedicated himself to the study of Political Arithmetic, that is, he calculated the size of the population in an attempt to determine "the state of populations, with an interest in the various elements (including diseases) that could cause the number of people to increase or decrease".[2(6)]

The authors argue that the mercantilists' ideas did not achieve effective results insofar as there was no administrative mechanism at local and regional levels operating under central control. Administration in England would only reach a broad national level after the Poor Law (1834). In reality, this was only possible in the mid-19th century with industrialization and urbanization. It was only during this period that health became a national concern.

The authors point out that only in the German States did such theoretical propositions translate into political measures (absolutist monarchy as an administrative apparatus). Hence, the authors draw attention to the concept of **medical police** in relation to the problems of health and illness.[2] German writers already drew attention to the term police (state administration), and Braga and Paula[2] comment that the German mercantilist who deals with this is Veit Ludwig von Seckendoff (1626-1692). For him, the State should be concerned with safeguarding the health of the population so that it increases in number. Thus, a government program should include: the maintenance and supervision of midwives, the care of orphans, the appointment of doctors and surgeons, protection against the plague, the excessive use of tobacco and alcoholic beverages, the inspection of food and water, measures to clean and drain the streets, the maintenance of hospitals and assistance to the poor.

Braga and Paula[2] summarize the contributions and limitations of mercantilism in three aspects: (i) health is a socio-economic issue, going beyond the limits of medical practice; (ii) health should be seen as a public administration problem (economic policy business); and (iii) intervention is limited by the incipient knowledge of medical practice and the low level of administrative organization of the state.

Strictly speaking, the mercantilists' thinking recognized the integration of the fields of health sciences and social sciences - administrative organization allowed the state to act.

The formation of capitalism and the health of populations

Braga and Paula say that it was with the establishment of capitalism that what Mário Magalhães da Silveira considers to be the essential conditions for improving people's health emerged:

> As early as 1948, in a work criticizing the SALTE Plan, he stated: **'In the history of civilization, the health of populations only improves when, in the production process, it is possible to replace human energy with energy derived from mineral fuels**'. This felicitous formulation draws attention not so much to the question of the physical wear and tear on workers, but rather to the fact that the use of machines powered by coal and later by oil resulted in greater productive capacity, greater production and, therefore, greater social consumption. And it is precisely this greater

> consumption, and not better health care, that makes a longer and healthier life possible.[2(7,8; emphasis added)]

This reinforces the advance of the productive forces: improved health or improved material living conditions and, therefore, improved health.

Thus, the contradiction of the idea can be seen - "And it is precisely this greater consumption, and not better health care, that makes it possible to live longer and healthier lives".[2(8)] Critically discussing this idea of the increase in social product as a necessary, but not sufficient, condition for increased consumption, the authors ask the question: how did the standard of living behave in the early years of the Industrial Revolution?

At this point, the authors discuss 4 basic factors behind the relatively high mortality rates of the time: (i) low wages - nutritional status; (ii) poor working conditions; (iii) housing, hygiene and sanitation conditions; (iv) medical knowledge at the time - medical ignorance.

These factors began to threaten the very process of capital accumulation. However, the industrial bourgeoisie had another, perhaps more important concern:

> capital was hungry for arms, and these arms were linked to trunks and legs; only these legs couldn't move wherever they wanted if they were unemployed.[2(9)]

Therein lies the contradiction between the system of assistance to the poor and the elastic supply[e] of labor. It's not a question of welfare, but of the workforce being governed by its own economic interests.

The authors talk about the significance of the new Poor Law (1834): "The market economy affirmed and demanded that labor power be transformed into a commodity."[2(10)] Hence the authors draw on Foucault[11] when he called health care a medicine of the labor force. According to Braga and Paula, "It is no coincidence that this new medical concept, this public health practice, was born out of concern for the workforce".[2(9)]

The authors refer to the relationship between the proposal of social medicine, in the context of the French Revolution, and the idea of medical care. They point out that medical care is no longer seen as a charity of the wealthy or of the state, but as a right of citizens. It was in this spirit that social medicine became a State practice.

The proposed solutions were, like the era itself, revolutionary. The right was established for everyone to receive assistance, including medical assistance, from the State. A complex system was established for how this assistance would be provided, how hospitals should operate, etc. Although later political events meant that many of the proposals did not make it past the idea, their importance should not be minimized.[2(10,11)]

The idea of health as the control of bodies emerged. The authors differentiate between European countries and their forms of intervention.

Unlike French urban medicine and 18th century German State medicine, the 19th century saw the emergence - especially in England - of a form of medicine that essentially controlled the health and bodies of the poor in order to make them more suitable for work and less dangerous to the rich.[2(11)]

It is also worth commenting on the role of preventive medicine as a necessity of capital. Braga and Paula[2] recall the result of the Poor Law, the establishment of the idea and practice of Public Health along the lines that persist to this day: an emphasis on preventive medicine with an emphasis on hygiene and sanitation of the environment, support for community activities and consideration of socio-economic aspects[f].

English social medicine allowed for the creation of three overlapping and coexisting medical systems: a welfare medicine aimed at the poorest, an administrative medicine in charge of general problems such as vaccination and epidemics, and a private medicine that benefited those who could afford it. Thus, the treatment of public health, as treated by Edwin Chadwick[12] - the father of public health - should include:

> the creation of a system of vital statistics, which would clarify and guide action with regard to reducing levels of mortality and morbidity; secondly, the idea that, by abandoning the paternalistic and pre-industrial policy of assisting the poor, the state should assume as its responsibility the necessary measures for improving urban conditions and providing a certain type of medical assistance, mainly preventive; and, finally (although based on an erroneous conception of the causes of disease - Chadwick believed in the theory of miasmas, according to which emanations from the earth and debris and dirt in general were the causes of disease), a determined campaign against the dirt, debris and lack of hygiene that characterized the poor neighbourhoods of the time, stating that 'public health was basically a question of engineering' and that mortality and morbidity rates only decreased with the improvement of sanitation and hygiene conditions, a position that is still considered correct today. [2(12)]

It is within this general framework of health care at the time, say the authors, that it is worth reflecting on the economic thinking produced during the establishment of industrial capitalism: this was the moment when Political Economy was established as a specific field of knowledge. The emphasis of this new science is on the construction of a labor theory of value and a theory of production and income distribution.

The classical economists, like Marx and Engels[g], did not consider the issue of health as an object of economic science. However, they did develop a series of tools for thinking about the interaction between economic activities and the health of populations. For this reason, health appears mainly linked to their population analyses, regarding minimum subsistence and to the labor process.

Economic thought in the Industrial Revolution: its contributions to thinking the issue of health

During the industrial revolution, Political Economy reached its peak. Thought was centered on an understanding of the social totality as a whole. Its authors were active in society, voicing their opinions on political issues and suggesting legal and institutional changes. They developed important tools for economic reflection on health, without discussing it directly. The authors focused their analysis on the productive and allocative structure of capitalism, the production process.

Smith,[8] for example, relied on what he considered to be the main themes: the social division of labour; the specialization of labour, the process of exchanging goods and services as a social process in which labour is indicated as the real measure of the value of those goods. He was followed by Ricardo[9] and Marx[7] - factory work, considered to be a determinant of the level of health. They all discuss the labor theory of value, with differences, which has concrete implications for the analysis of the health issue.

Ricardo[9] is also concerned with the theory of income distribution, based on the problem of scarcity. Braga and Paula[2] argue that:

> although they did not work with the concept itself, the classics were concerned with the effects of health and its consequences. The issue of health [...] never rises to the surface. They don't think about mortality, nor do they think about quality of life or levels of health. We only think about subsistence, that is, simply surviving, life being a given that is not qualified.[2(14)]

Another problem that is articulated in the ideas of the classics with the issue of health, especially in Ricardo, is the problem of population growth - the relationship between population growth and food supply. Hence the importance of birth control. In a way, the issue of health and mortality is a fundamental element. It is therefore worth commenting on Ricardo's concern,[9 *apud* 2(15)] who

> combined Malthus' law of population with his own presentation of diminishing returns in agriculture to explain subsistence-level wages as a tendency of the capitalist system he analyzed.

Marx would harshly criticize Ricardo and Malthus himself[13] – as vulgar economics -, as Braga and Paula point out:

> Population is not determined by an absolute limit in the productivity of food. On the contrary, it is the specific conditions of production that set its limits and also determine the level of overpopulation.[2(15)]

The authors also cite Malthus,[13] to relate his thinking to the social determination of disease, when criticizing industrialization and urbanization. However, according to the authors, Marx[7] is the one who really developed reflections directly related to the problem of health, as he was concerned with capitalism as a social relationship between capital and labor, in the conditions of the production process as a whole and in the labor process (relative surplus value and absolute surplus value). This shows how the production process is rooted in the social determination of health and illness. According to these authors, this idea is made clear for two reasons:

> the first is that Marx and Engels take an ideological stance in defense of the working class; the second is that methodologically they take the stance of analyzing society as a whole: while giving primacy to economic aspects in determining the social structure, they see economic, political and ideological issues as intimately intertwined.[2(16)]

We should continue reading Marx's ideas as Braga and Paula present them, leading us to their reading.

> Marx does not start from the distribution of the social product to determine the level of wages and subsistence, as Ricardo does. He reverses the direction of reasoning and starts from the relations of production, which will have the effect of determining that level of subsistence. This will vary historically. In the early stages of capitalism's development - which Marx witnessed - and later, within the framework of underdeveloped capitalist economies, the tendency was to reduce wage and subsistence levels as much as possible. As capitalism matures, however, two forces act to improve these levels: economically, the expansion and cheapening of the production of consumer goods brought about by the rise in labor productivity requires the creation of new consumers, obtained by improving wage levels. At the same time, the progressive organization of the working class enables it to fight economically and politically for its interests, opposing the capitalists.[2(16,17)]

In summary, Braga and Paula argue that, "for Marx, big industry, driven by a work process aimed at increasing the value of capital, has harmful effects on workers' health".[2(18)] This is well covered in the chapters of Book I of "Capital - The Working Day, the Division of Labor, Manufacturing, Machinery and Big Industry". In these chapters, Marx[7] cites statistics on health and mortality levels. In this case, it is possible to accept the authors' argument when they say that Marx[7] goes further than his predecessors in relation to the problem of health. In fact, according to the authors, Marx[7] emphasizes the link between health and the capitalist production process and not just between health and the industrial process.

However, until Marx,[7] economic thought was not concerned with the issue of health care, not least because there were no health care apparatuses - with the exception of the medical police. It wasn't until the end of the 19th century, when such health care systems were set up and structured, that neoclassical thinking was given a boost.

Neoclassical thinking

It was with neoclassical thinking and its main interlocutor, Alfred Marshall[14], that the issue of health care gained prominence and was incorporated as a more elaborate concern. The central concern of the neoclassicals is microeconomics - the question of the **efficiency** of the productive unit and the improvement of its **administration**. Hence the notion of the field of **health economics**, as Braga and Paula[2] present in the definition by Selma Mushkin[15], from John Hopkins University, published in the magazine Public Health Report in 1958, and widely defended in current times of neoliberalism:

> Health economics is the field of research whose subject is the **optimal use** of resources for the care of the sick and the promotion of health. Its task is to assess the **efficiency** of the organization of health services and suggest ways of **better organization**.[15(19,20; emphasis added)]

Braga and Paula[2] criticize this view with the following comment: "they restrict the issue of health to the analysis of the **health care industry**[h], attributing to it, in practice, the determinations of the population's health levels".[2(20; emphasis added)]

It should be remembered that neoclassical thinking is linked to the idea of traditional, positivist epidemiology and linear thinking.[16] It is important to continue to support the criticism of authors who insist that neoclassical thinking leaves out the elements of **capital reproduction in the health sector**, reducing its scope to microeconomics (productive activity), as well as all other factors influencing the population's health levels, such as the critical perspective of health promotion.[17]

A good synthesis of neoclassical thinking with the issue of health is presented by Braga and Paula.[2] They highlight the privilege of analyzing the effects of productive activity on people's health, of evaluating the effects of health care in terms only of the performance of economic activity (gains in terms of working time, productivity, etc.). In short, they reduce it to an analysis of its accounting expression, in which health is restricted to a simple productive capacity. They basically emphasize the issue of health **costs**.

In addition, Braga and Paula draw attention to various problems that neoclassical thinking has had to face by trying to consider health care within market rationality. They comment on their concern with the health care market, exposing issues on the supply and demand sides.

On the supply side, the main problems are: (i) profit is not a reason that explains the market itself, because health care has been provided by non-profit public institutions; (ii) secondly, some health services are not priced, preventing society from carrying out a preference assessment; (iii) the allocation of services takes place through a mixture of market and state administrative decisions; and (iv) a payer source (the state or some kind of insurance) is also becoming established, which has a problem controlling production costs. On the demand side: (i) there are problems that need to be analyzed with regard to the rational weighting of options for choosing services (income, but not only); (ii) another issue is the lack of consumer knowledge (asymmetrical market), so it is usually the doctor who determines what type of service he will provide to the patient.

The authors add the issue of social utility to the analysis of demand and supply. Hence the relationship with the neoclassical notion of **marginal utility**. The law of marginal utility states that, in an economic relation, marginal utility decreases as one more unit is consumed. The total utility of a good increases when more of it is consumed, but the increase in marginal utility is smaller and smaller. Consumers derive satisfaction from the consumption of a good, but the next unit no longer gives them as much pleasure as the previous one.

> The benefits present themselves in the purchase of health services for the prevention or cure of contagious diseases and are instances in which individual demand and the market price underestimate the total and marginal benefits.[2(22)]

Based on these arguments, the authors insist on the limitations of the neoclassical approach, as follows:

> health is seen as the capacity to perform productive functions; health, analytically, is not seen as being determined by the socioeconomic structure; health improvement is seen as a **direct function** of the **health care structure**; and in this, the movement of capital is not seen.[2(23; emphasis added)]

It is important to draw attention, as the authors do, to the concepts favored by the then health economics, such as: the operationalization of health care units; the concepts of **risk** and **uncertainty** softened by the idea of **welfare**, but above all, the concept of **human capital**, which, from the 1950s onwards - with Theodor Schultz -,[18] gained strength in neoclassical rhetoric:

> Notably from the 1950s onwards, the economists of this current show concern for analyzing not only the quantity of resources employed in economic development, but also their quality, specifically that of labor resources, focusing on the 'volume of incorporated education', 'training' and 'health care'. Expenditures on these services are seen as investments in human capital and their rates of return are analyzed in terms of contributions to economic growth and individual earning capacity. This procedure provides ideological support for the notion that health is functional to the process of accumulation and production, and its methods tend to become the analytical basis for political determination of the appropriate level of spending on health care.[2(23,24; emphasis added)]

The authors also draw attention to the use of cost analyses: cost-benefit, cost-utility, cost-effectiveness, in which the **price of human life** is calculated, considering the average salary multiplied by the years of life **gained** through medical care.

It is important to highlight Illich's reflections in his critique of neoclassical thinking.[19] This author presents interesting international comparisons that show that **health levels** react **inversely to the expansion of the healthcare network**, but it is necessary to consider that this is a narrow analysis when pursuing a global perspective of the functioning of the economy. Among the authors' other criticisms of neoclassical economists is their technicist vision, based on abstract models, and also their lack of history. That's why they insist on their purpose: the **problem of health** is gradually reduced to the problem of **health care**.

Health and underdevelopment

The neoclassicals continued to spread their ideas after the Second World War, especially to the underdeveloped countries of Latin America. The best expression of this is the contribution of Rostow's Development Theory[20] in "Stages of Economic Development: a non-communist manifesto". Economic development is thought of on the basis of a theory of production, the advance of technical progress, from traditional society to industrial maturity[i]. In short, a linear, step-by-step and mechanical view of the development process of nations. Hence health and education came to be seen as fundamental to the issue of quality of work. In this context, the

concept of the **vicious circle**, as the authors quote Nurkse, in Myrdal,[21] appears to be central to the debate.

The authors highlight Myrdal's contribution:[21]

> the idea of the vicious circle has an important consequence: it reinforces the propositions of **planning** as an important instrument for 'modernizing' the economy and as a form of state intervention in its direction. It will also make it possible to introduce health **problems as elements of the economic development process itself** - now not just as an effect, as some authors had wanted, but as a cause.[2(28; emphasis added)]

When commenting on planning, the authors draw attention to Cepal's contribution to economic thinking in Latin America. To get an idea of Cepal's thinking, the authors comment:

> Based on its diagnoses of the causes of the delay in Latin American economic growth, in which the "obstacles" to it were identified, measures were proposed to eliminate them, among which centralized planning of certain economic variables was lined up, such as investment in certain basic sectors, the development of economic infrastructure, etc.[2(29)]

In practice, Cepal's ideas were limited to the issue of industrialization. In the 1960s, Latin American countries made progress in industrialization, but did not resolve the issue of social development. This is why the authors cite the Pan American Health Organization (PAHO) and the "Charter of *Punta del Este*":

> The *Punta del Este* Charter was a milestone in the work of Cepal and in the history of planning in Latin America. At this meeting, held at the level of Ministers of State, it was decided that, in order to receive assistance from the Alliance for Progress, each Latin American State would have to prepare an integrated program for the development of its economy. As a new and important measure, the program should include social development and integrate it into the overall plan. The importance of this fact cannot be overstated. It was the first time that economists and politicians had accepted an approach of this nature, and as will be seen below, it was fundamental to the planning of health as an integral part of general socio-economic development.[2(29,30)]

Once again, when establishing a relationship with historical mediation, the authors point out that post-war scientific and technological developments have increased the efficiency and effectiveness of health care actions. Thus, the importance of coordinating and controlling health actions emerged. It was in this context that the issue of planning became central, including in the health sector[j], as a way of contributing to the desired economic development in underdeveloped countries.

Braga and Paula[2] then summarize the context of health concerns in underdeveloped countries, articulated with the important role of the State (increased spending) and the proposals of multilateral bodies such as PAHO and WHO - to expand investments in health. Winslow's work,[22]

published by the WHO in 1952, "the idea that improved health would by itself be capable of transforming the pattern of development of a given economy",[2(32)] summarizes this idea well.

Therefore, the importance of health planning gained prominence, especially with the planning method that became widely known in Collective Health: CENDES/OPAS[k], in 1965, used in several Latin American countries. of However, later on, the limitations a rational method for allocating resources were identified, and PAHO itself acknowledged this aspect, stating that the planning processes had failed to achieve the growth rate.

The authors[2] also point out that this planning does not take into account the historical actors of each nation and works with the idea of acting neutrally on social and economic determinations. From there, the authors go on to use their most critical assertions about the health economy, and why not say the very rationality instilled in the current health economy.

Criticism of neoclassical procedures: alternative propositions

Braga and Paula[2] recall the general theses of neoclassical thinking and criticize them, saying that the reasoning behind this thinking is false for the following reasons:

> firstly, there is no necessary and sufficient relationship between better and greater medical care apparatus and better levels of collective health; secondly, the provision of health services is an instance of society, subject - just like the population's health levels - to a broader social determination, and it makes no sense to think of it in a way that is external to the framework of society.[2(34)]

The authors insist on disqualifying the statistical analyses of the neoclassicals, which show an inverse correlation between the supply of health care services and levels of mortality and morbidity - a discussion that had already found its embryos in Illich, Dupuy, Barral and Berlinguer[l].

In their words:

> In our view, the question of population health levels, their determinants and the main variables influencing them can only be understood when we take the step that the neoclassicals have always refused, that is, when we examine the influences of the 'external environment' on the health of populations. In other words, transformations in the health levels of populations should be seen in terms of changes and improvements in their income levels and living standards; it is essential, however, to consider the differences between social classes and to be aware of the pathogenic aspects of capitalism and the limits of health care. What emerges, then, although not surprising, is brutal: the poor die first.[2(34,35)]

In addition, the authors show some statistics and comment on the fragility of the data if analyzed within the health problem. Explanations are needed outside of medical care, as in the case of Great Britain, in order to recognize the role of the mode of production in people's health.

They summarized their main ideas when analyzing health as follows:

> Various factors can influence health - among them, region of residence, gender, etc. - but any analysis of collective health must necessarily take into account the specific characteristics of industrial production and capitalist relations.[2(36)]

1. Therein lies the importance of understanding the dynamics of capitalism and, above all, its contemporary phase. The authors state that capitalism creates its own diseases, as others are cured. It is in this sense that they reaffirm their vision, especially in the breadth of their analysis of health. Much of their argument comes from quotes by Berlinguer[m] and Lojkine[n]. After highlighting important points for the analysis of the health sector, the authors also reinforce the extent to which the health economy, in the end, takes health as a space for pure accumulation, with the connivance of the state as an accomplice in this function:

> In effect, from then on, the practice of health care abandons its 'artisanal' characteristics, ceasing to be exercised by the doctor in isolation, and begins to have the technical and financial characteristics of big industry, with the modern hospital as the appropriate social space. [...] [Therefore, health economics aims to] evaluate the behavior of the health care system - as previously defined - taking into account its performance as a "locus" of capital accumulation, capital appreciation, technical and social transformation of the medical work process, as a political-ideological site of state regulation of an important dimension of people's lives.[2(39)]

Finally, it's worth noting the limitations of the authors' analysis. Because they are economists, they do not address the problem of the dispute within the different interests of the State and its role in capitalism. Especially in this contemporary moment, the articulation of the State, the value form and its particular predominance of interest-bearing capital are seen as fundamental.

A revisited critique: Braga and Paula, economic thought and the neoclassical vision in contemporary capitalism

Braga and Paula help us to understand the trajectory of economic thought and its relationship with health. Some questions about the challenges of public health in Brazil in the context of contemporary capitalism emerge from the theoretical contribution of Braga and Paula[2] when we recognize that these authors are classics and therefore required reading on economic thinking in health in Brazil.

According to Dardot and Laval,[1] neoliberalism is the reason for contemporary capitalism, which determines a new way of governing men according to the universal principle of competition, implying a reduction in social rights, including health policy, and intensifying marketization mechanisms within it, which are present in the current context of the central capitalist countries and in Brazil.

In this context, the contribution of Braga and Paula[2] is undeniably relevant, as the authors discuss the relationship between the issue of health and economic thinking, throughout its history, in line

with the history of capitalism, presenting proposals for this thinking, in direct criticism of the neoclassical vision that has inspired the neoliberal conception, which has been dominant for almost 40 years.

Returning to the study of these authors is an essential tool for reflecting on the limits that health as a universal right has been suffering precisely in this period, in which neoliberal thinking is hegemonically present in all social policies. Its results, among other things, have been damaging the disposal of public funds, which jeopardizes the maintenance of the social rights introduced, especially in Brazil, since the 1988 Constitution.

In this way of relating the issue of health and economic thinking, Braga and Paula[2] comment that it was only at the end of the 19th century that neoclassical thinking was forged. However, it was with the setting up and structuring of health care systems in the first quarter of the 20th century that the issue of health was incorporated in a more elaborate way.

The central concern of the neoclassicals is with microeconomics, emphasizing the issue of the efficiency of the productive unit and the improvement of its administration. It is possible to say that this concern, with emphasis on the principles of optimizing resources and the notion of efficiency, has been widely contemplated in contemporary times of neoliberalism, especially through World Bank documents, since the 1975 edition of "Health: a sector policy document".[23]

Braga and Paula[2] have repeatedly criticized the view of health economics and, in continuity with their criticism, insist that neoclassical thinking leaves out the elements of capital reproduction in the health sector. Thus, neoclassical thinking privileges in its analysis the effects of productive activity on people's health, evaluating the effects of health care in terms of the performance of economic activity, basically. Furthermore, the implications of health and illness on human beings are not considered by neoclassical analysis, revealing its limiting nature. For this field of economic thought, health appears as an eminently technical-productive process, like the constitution of a health care industry and its structure, in which only continuous productive progress must be ensured.

Braga and Paula's analysis[2] is precise when it points out a first difficulty with the neoclassical view: its perspective on health as a technical-productive process prevents it from establishing more direct connections between economic and social aspects in the movement of capitalist society. By not understanding capital as a **social relation**, in the light of Marx's contribution,[7] they fail to grasp the close connection between the movement of capital accumulation and the formation of a class capable of encouraging or supporting social and political transformations, using health as a basis for sustaining their business and a project to increase its value.

By not taking into account the different historical periods, by abstracting the historical mediations of the health issue, the models lose their ability to explain the complex movements of the health-disease processes. So, how can we not take into account the historical differences between European capitalist countries with universal systems set up in the post-World War II period and Brazil, with only 33 years of existence of the SUS? How can we not consider essential determinants such as the fact that the establishment of **late** universal healthcare in Brazil - from the 1990s onwards - in relation to the historical context in which the Social States,[24] especially the European ones[o], were established? This is a new phase of capitalism, in which the SUS is

developing under a capitalism dominated by financial supremacy, with permanent constraints on the implementation of a universal health system.

In this context, our political economist authors continue their line of critical argumentation, confirming two central problems with neoclassical thinking. Firstly, they point out that there is no close relationship between better and more structured medical care, as the neoclassicals insist, and better levels of collective health. Secondly, they recognize that the provision of health services is a sphere of society; it is affected, like the population's health levels, by a broader social determination, making it impossible to reflect it outside the framework of bourgeois society.

In short, the abstract and technical nature of neoclassical theory's approaches to health ends up leaving aside what should be the very object of the theory: the explanation of the specific differences in the processes of capitalist development in different countries and their class character within their different patterns of accumulation.

In concrete terms, as the neoclassical view has been hegemonic in the way economic policy is conducted and in the rational way in which national states act since 1990, Braga and Paula's contribution[2] is considered to have several attributes for reflecting on the fragility of public policies around the world and, especially, in Brazil, during the clashes to implement universal health policy through the SUS.

With the realization of this new era in the world, the fruitful discussion must be resumed in the light of the critical perspective inspired by the analysis of Marxist political economy on the perverse relationship between the public and the private, especially since the 1980s-1990s, imposing a role on the brazilian State in line with the guidelines of market rationality, expanding the so-called counter-reforms. In this context, the precariousness of working conditions and processes, the privatization of the public space in health and the adoption of public management instruments that favor performance evaluation, focused primarily on achieving "productive" and "efficient" results, stand out. Undoubtedly, economic policy decision-making and these public management measures/instruments are based on the neoclassical vision described by Braga and Paula,[2] a vision of which the aforementioned authors are staunch critics.

The measures implemented in the country, through the orthodox macroeconomic tripod - inflation targets, primary surplus and floating exchange rate - adopted by the Federal Government in Brazil since the Fernando Henrique Cardoso (FHC) government, through the Lula and Dilma Roussef governments, have not broken with the logic of neoliberal/neoclassical policies. Despite the positive results of some social policies, they resulted in reducing our social protection system in order to fulfill a functional role for capitalism in Brazil.

Much more intensely, in the short period of the Temer government, representing the most backward, conservative and reactionary sectors of Brazilian society, the attacks on labor and social policies in general have not ceased. Strictly speaking, the government's "Bridge to the Future" document,[25] which announces the actions to be implemented by the government, points to the acceleration and intensification of measures that lead to the dismantling of the Brazilian State, which will find in Jair Bolsonaro a new phase of structural counter-reforms, attacking social and workers' rights.

In the specific case of health, the short period of the Temer government has been much more about its relationship with the private sector. Several measures have been put forward by this government to direct healthcare towards the free market: House Bill No. 4. 918/2016, which allows for the privatization of all public companies, whether municipal, state or federal, including the Brazilian Hospital Services Company (Empresa Brasileira de Serviços Hospitalares - EBSERH); a proposal to revise the National Primary Care Policy, which makes the way Primary Health Care (PHC) is operationalized in Brazil more flexible; a bill to revise the Health Plans Law, ensuring liberalization for the sale of cheaper healthcare packages - the so-called popular health plans - but with less coverage and poorer quality.[26-28]

Final considerations

Finally, we believe that Braga and Paula's[2] critical arguments about the vision of neoclassical thinking and the issue of health deserve to be revisited, as this approach has been reigning supreme in the dictates of official government economic and social policies and contaminating the trajectory of public policies, especially health, since the 1990s and with an intense dismantling after the entry of the Temer and Bolsonaro governments.

Thus, this review of the various issues raised by critical political economy thinking in the 1980s, in the field of public health, contributes to a better problematization of the context of contemporary capitalism and the limitations of implementing universal public health from the perspective of the state and public policies and their predominant neoclassical vision.

Finally, we insist that Braga and Paula[2] must be brought back to their criticisms of neoclassical/neoliberal thinking, bring them up to date and articulate them very well with the degrading situation that universal health, through the SUS, has been facing with the contemporary transformations of the capitalist mode of production and its relationship with the State in Brazil. Undoubtedly, this is an essential work to broaden the horizon of those health professionals concerned with the field of collective health and to avoid being restricted to an analysis that is dissociated from the perverse totalizing movement of capital, such as the one that has shaped the most general scenario over the last almost 30 years and which seems to be potent for the future.

Therefore, understanding the trajectory of health as an object of economic thought shows us that one type of economics has prevailed, including in the hegemonic narrative of Collective Health. Neoclassical thinking is this narrative. It has colonized the debate on economics in health and made it hostage to a structural rhetoric that accompanies the very history of capitalism and its different stages of development. It's not surprising that health economics is more associated with Collective Health than with economics itself. This can be justified by the fact that economics is more favorable to tension over other critical rationalities than Collective Health itself, a locus in which criticism of the production of health in capitalism has clearly cooled.

[a]Professor José Carlos de Souza Braga holds a degree in Economics from the School of Economics and Administration of the Federal University of Rio de Janeiro (1970), a doctorate in Economics from the State University of Campinas (1985), a post-doctorate from the University of California, Berkeley (1989) and a post-doctorate from the State University of Campinas (2005). He is

currently a full professor at the State University of Campinas. Professor Sergio Góes de Paula has a degree from the Federal University of Rio de Janeiro (1968) and a doctorate from the State University of Campinas (1987). He was an associate researcher at the Oswaldo Cruz Foundation, an economist at the Financier of Studies and Projects and an assistant professor at the Pontifical Catholic University of Rio de Janeiro.

[b]In the field of Collective Health (where the discussion on the interface between **economics** and **health** is most prominent), the concept of **health care** is related to the organization of health systems and services, such as the management of political and administrative processes, the organization of clinical work, health surveillance actions, community participation, among many others; **it is not restricted, therefore, to the care encounter** between the health professional and the user (known as **health care**). However, because they didn't have access to this discussion, the authors in Braga and Paula's text often convey the idea of healthcare as being restricted to healthcare.

[c]The joint work of these two authors is considered a **foundational milestone** in economic thinking on health from a more critical perspective in relation to the neoliberal economic orthodoxy that was being outlined through neoclassical economic thinking. For this reason, it can be said that this work is a classic of health economics thinking in Brazil, and nothing could be more timely than revisiting it, especially in times of crisis for the explanatory models underpinning the 2008 crisis.

[d]It's very common for health professionals who are just getting to grips with **economics** to confuse Economic Policy with Political Economy. Obviously, this is not just a syntactic-semantic inversion between the words economics and politics. The former is related to political decisions about the economy as a public policy, which is why it is inscribed in the order of state institutionality and, from a social democratic perspective, would **depend** on the decisions of the governing political elite. However, from a Marxist perspective, economic policy will always ultimately be allied to the logic of the capitalist state (in other words, acting as a support for capitalist relations of production). Political Economy, on the other hand, is the study of the social relations of production, circulation and distribution of material goods aimed at meeting human needs, identifying the laws that govern these relations. Depending on the economic thinking adopted in a given socio-historical period, economic thinking **broadens** and takes **political economy** as its conception of **economic science** (i.e. it considers the **economic** to be a **social relation**). In other historical periods, economic thought **reduces** the economic to a factor or variable that is decontextualized from the social relationship that generates it, and so economic science is taken to be closer to the formal and natural sciences, especially mathematics and statistics.

[e]Elasticity of the price of supply measures the increase or decrease in percentage of the quantity offered (in this case, of labor power) due to a percentage change in prices (in this case, of labor power), it measures how much the quantity offered of a good changes due to a change in the price of that good.

[f]These are aspects that determine the health of populations, but should not, in the context of the Poor Law, be questioned in essence.

[g]Engels is the one who most clearly opens up this debate from a critical Marxian perspective. Being the son of industrialists, he had access to information and to the conditions of exploitation that the

bourgeoisie thought up for the workers. In an attempt to understand this process, Engels wrote a far-reaching treatise for the time, analyzing the living conditions of the working class in the light of the heyday of industrial capitalism. For Marxist sanitarians, this work entitled "The Situation of the Working Class in England" is essential because it is considered the first treatise on **critical** descriptive epidemiology.

[h]Even when working with the term **care**, we understand that Braga and Paula intended to work with the idea of **intervention**. However, we understand that the authors did not have access to the discussion that deepened care as a category of analysis. Currently, there is a great deal of production, especially in the field of Brazilian nursing, on care and its differentiation from the notion of intervention. Despite the vast theoretical and epistemological plurality on which the category of care is based, it can be roughly said that health intervention is the act of altering an individual's state of health using knowledge and techniques (essentially based on hard technology) in order to bring about improvements for them. Health care, on the other hand, is more than just an act, but an attitude. It therefore encompasses a moment of attention, zeal and care. It represents an attitude of occupation, (pre)occupation/(post)occupation with the subject's state of well-being. This attitude is the basis for accountability and affection towards others. In our opinion, even under this analytical refinement, neoclassical economic thinking can be perfectly compatible with the category of care. But this is the subject of a lengthy discussion that we can't go into here.

[i]There are five stages of economic development described by Rostow: 1) traditional society; 2) the preconditions for take-off; 3) take-off; 4) the march to maturity; 5) the era of mass consumption.

[j]It is important to mention that planning was considered a fundamental instrument from the Beverdige Plan, which created the English National Health System in 1948, constituting the so-called "Welfare State", which was also extended to European countries. Despite the importance of the Welfare State as a product of the global tension between capital and labor experienced in post-war Europe, we take as our starting point the critique of this category made by Boschetti (2016), who calls this phenomenon the "Capitalist Welfare State".

[k]Development Center (CENDES), a body created in Venezuela (at the Central University) and supported by the Pan American Health Organization (PAHO). It is a systemic approach to health resource programming, linked to a series of cost-benefit analyses. It has merits in terms of prioritizing damage to health, but it has been widely criticized for transposing the normative economic logic of Cepal into health services, making them more rigid.

[l]Ivan Illich, Etienne Barral, Jean-Pierre Dupuy and Giovanni Berlinguer.

[m]Refers to Giovanni Berlinguer, an Italian doctor, politician, bioethicist and environmentalist. The passage refers to the book "Medicine and Politics".

[n]It refers to Jean Lojkine, full professor of philosophy and director of research in sociology at the Centre National de la Recherche Scientifique - CNRS. The excerpt refers specifically to the book "L'État capitaliste et la gestion urbaine".

[o]**Social State** is a critical Marxist category developed by Ivanete Boschetti as a counterpoint to the widespread concept of the **Welfare State**. For more details, see Boschetti (2016).

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