

Carles Torner

“I have always fought for the right of patients to freely choose their own physicians in social medicine”

Interview with Dr. Josep Espriu, Founder of ASC-Autogestió Sanitària, SCIAS and ASISA-Lavinia.

When exactly does a life career like Josep Espriu's actually begin? Is it possible to try and distinguish his family upbringing, marked by the premature death of his elder brother, from his calling to become a physician? Or separate the early years of total commitment to medicine from the rest of his intense life devoted to social medicine? Where did all this begin? After so many years and having reached the age of 80, a clear recollection comes to mind: Doctor Espriu, a young physician, was pushing a patient lying on a bed along the corridors of the Hospital Clínic de Barcelona. When recounting the story he repeats the energetic gesture of pushing a bed with his arms, just like the gesture that suddenly pushed his whole life in a certain direction. Then, while pushing the patient, he heard someone calling him. “Working as a physician I had become fully aware of the fact that there was one medicine for the rich and another for the poor. I was working in the Gibert-Queraltó service in the Hospital Clínic. I was pushing a sad patient along the sad corridors of a sad hospital in a sad bed. I was accompanying him to the X-ray room. Then suddenly I heard: ‘Espriu!, Espriu!’ Two dermatologists were calling me. I stopped pushing the bed to listen to what they had to tell me: ‘We’ve got to talk. Elections are being held in the professional college.’ I didn’t know anything, but they were adamant: ‘When you’ve finished with this patient, we’ll be waiting for you in the bar on the corner.’ A few weeks later I had been elected a member of the college’s board. Even though we were in the throws of Franco’s dictatorship, some positions on the board of the Physicians’ College were elected by the different groups and organisations that formed part of it. I was elected as the representative of what at that time were called ‘free physicians’.”

From the Igualatorio de Bilbao to the Igualatorio de Barcelona

On the same day as Doctor Espriu took up his position, he realised that the Physicians’ College was in a mess: “A group of physicians was running the show, all of whom had been arbitrarily picked by Mr. García Tornel, the Chairman at that time, and by Mr. Teixonera, who was a physicians’ boss. Board members went to the College as little as they could,

and the sessions were very, very short, so much so that they ended up carrying on in the Café Vienés.” While he was a member of that board, which basically ignored the real problems that physicians had, Doctor Espriu heard about the Igualatorio (mutual benefit medical association) de Bilbao, a social medicine experiment which, so they said, had been very successful and cared for a large sector of the population. He managed to get the Barcelona Physicians’ College to send him to Bilbao to find out more about what was being done there. “I saw that it was working very well because, among other things, patients were given the chance to choose their own physicians freely and it paid physicians for each medical act. In other words, it encouraged competition between



Josep M. Ferreriro

physicians and paid them for the work they had done. The fact that they had an open-door policy was very important too: any physicians could join the Igualatorio de Bilbao.”

The process of creating the Igualatorio de Barcelona was a very long one. Doctor Espriu’s initiative aroused a degree of animosity, particularly from those who felt that this form of social medicine was a competitive threat to their medical insurance companies. Espriu strongly defended the right to freely choose physicians to preserve the liberal nature of the medical profession: “Because, among other things, being inside the College I realised that our profession was a career based on who you knew and not what you knew.” One of the reasons why there was a dual medical system - one for the rich and another for the poor - was the lack of having a choice of physician in social medicine: only those who could pay were able to choose. The igualatorio project made inroads. There were divisions and confrontations at some sessions of the College’s Board until such time as a decision was



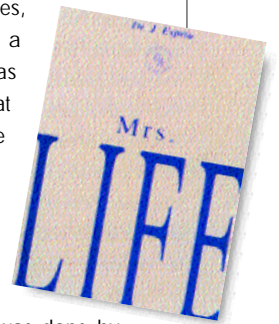
Dr. Espriu and his secretary, M. Àngels Rubió, in his office.

taken to set up an igualatorio. But, before doing anything, Doctor Espriu wanted to assure himself that the College was really behind him: “To start working, I told the Board I needed an agreement by the College’s Assembly. Mr. García Tornel tried to avoid Assemblies. He never called them on the grounds of some type of ambiguous wording of the College’s Statutes. I sent - and paid for - a personal circular to my colleagues inviting them to organise an igualatorio, because it was a way of dignifying our profession and facilitating access to it by younger colleagues, and advocating the advantages of a social medicine system that offered patients the chance to choose physicians freely and pay us according to the work we did.

Mrs. Life

“I’ll never forget the day when I put the idea of a group of physicians serving social medicine, or serving a collective cared for by them in their private surgeries, becoming an associate work co-operative to a renowned expert in co-operation who was surrounded by his technicians. I suggested that the formula be based on patients having the right to choose their physicians freely, and that the latter be paid for each professional act. The reaction was one of surprise and general rejection. It seemed very hard to accept the idea of associate work unless it took place in a large shared factory and was done by manual workers. I had to remind him that a co-operative of weavers had been working very well for many years in the county of Berguedà or somewhere nearby. Those weavers had their looms at home, went to get the orders allocated to each of them at the co-operative’s shared facilities, as well as the raw materials, and did the jobs if they wanted or were able to. If they did not do them, they did not get paid, or if they could not do them by a certain deadline, they were taken away from them. If they wanted or were able to, they could work a lot of hours - and make a lot of pieces - and get paid more than if they had only made a few pieces, because they were paid an agreed price for each different piece. Apparently, it was hard for a master of co-operation to conceive the idea of associate work if it was not shared, manual or, at the very least, industrial work. A university graduate working in his or her own facilities - in an individual sense - whose work depended on a client of the association - in this case a co-operative - he or she had joined’s right to choose freely, and whose income in turn depended on that client’s choice and on fees paid on account set out on a scale of fees by the co-operative’s assembly depending on the importance, duration, responsibility, etc. of each medical act... That idea was hard to grasp for anyone used to thinking along orthodox co-operative lines. The difficulties were even greater if these professionals were also the members of an insurance co-operative, a form of corporation that no law in our country at that time had foreseen. But reasonable dialogue opens many doors, and these and others gradually opened up with the passing of time.”

Mrs. Life is Doctor Espriu’s response to the work entitled *Mrs. Death* that his brother, the poet Salvador Espriu, dedicated to him. To meditation on death by the poet Salvador, José responded with a story about a life devoted to looking for better access for all to healthcare -to encouraging the paths of *Mrs. Life*- by means of promoting co-operation between physicians and patients.



Salvador Espriu

"From the day he was born to the day he died, my brother Salvador and I always lived under the same roof." Even though the Espriu Foundation is devoted to the promotion of health co-operation, whose inspiration was taken from Doctor Josep Espriu's work, in other ways it also promotes the memory of his brother, the poet Salvador Espriu. Among many other initiatives, the Foundation has promoted readings of Salvador Espriu's poetry by today's poets, writers and artists, thanks to the magazine 'Compartir'. A set of articles entitled 'Remembering Salvador Espriu' will be published in a book next year.

Salvador Espriu looking at a bust of his brother Josep.



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We founded the Igualatorio de Barcelona in 1957."

The igualatorio was created by the Barcelona Physicians' College and was called Assistència Sanitària Col·legial, covering the whole province of Barcelona. The institution was governed by 15 Board Members chosen by the Shareholders' Assembly, all physicians, and three College representatives.

A policy of expansion all over Spain

"We had all learned our lesson from the Igualatorio de Bilbao. The igualatorios watched over the common interests of the physicians, offered those insured by each igualatorio cover all over Spain, encouraged physicians

to get involved in administration, established ways of offering uniform care all over Spain and established formulas for mutual aid and collaboration between associates to acquire and use the most advanced clinics." At one of the General Assemblies of the Asociación Nacional de Igualatorios Colegiales y Paracolegiales de España, the Igualatorio de Barcelona put forward a proposal: to implement an expansion policy capable of creating a state care network. "Travelling around Spain in search of collective policies, like ONCE's (the national organisation for the blind in Spain), which at that time was not in the State's illness insurance, I realised that it was necessary first to have a base in Madrid to ensure that people taking decisions were aware of us, and second to have representation all over Spain to be able to offer medical services to everyone in State collectives. The existence of collective policies was therefore dependent on the existence of igualatorios all over Spain and above all in Madrid."

To promote expansion based on the diversity of combined igualatorios, a way to create a medical insurance company for the whole State had to be found.

The autonomy of the user co-operative was the assurance of co-management: representatives of physicians and medicine users sitting around the same table negotiating and managing healthcare together.



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The opening of Hospital de Barcelona.

“The Igualatorio de Barcelona offered the others a specific institution, Assistència Sanitària Comarcal, as a launch pad for the Spanish insurance company. As the scope of action now covered the whole State, it was renamed Assistència Sanitària Interprovincial, SA. ASISA had come into being.”

Doctor Espriu promoted ASISA delegations in 31 provinces, including Madrid. The expansion strategy was appropriate since the desired effect was reached. Once the State-wide assistance network was established, Doctor Espriu himself, as President of ASISA, was able to sign an agreement for Asistencia Sanitaria to provide health and accident services to MUFACE, management body to the Social Security benefiting state servants, with ISFAS, military servants’ management body and Mutualidad General Judicial, for servants working in the administration of justice.

Co-operatives as owners of insurance companies

It was necessary to come up with a legal formula to ensure that physicians were the owners of a medical insurance company protected from the greed of third parties. Doctor Espriu found the formula: creating medical co-operatives, that is, associate work institutions in which all members had a shareholding and took part in management, ensuring that the co-operative owned 100% of the shares in the medical insurance company.

Doctor Espriu was attracted to the idea of a co-operative for several reasons. First, because it fitted in with his Christian background: “If we guided each other by the Sermon on the Mount, all our social problems would be solved, even medical ones.” The second factor was his own experience of medical care: “I saw my little brother die when he was young. He had an open thorax operation on top of my father’s desk. My sister died from a septicaemia when she was seven. My brother Salvador’s health was frail all his life. Before becoming a physician I had been ill and experienced all the illnesses of my brothers and sisters. I know that it’s the patient who is at risk.” There is also a third and decisive factor to Doctor Espriu’s way of thinking: his own experience as a physician. “I’ve always believed that medicine is a two-way thing. A patient must be allowed to talk, to have his or her say, leaving aside stuffy attitudes that physicians often have. That’s why it is essential to create structures in which healthcare users have a say. Co-operatives encourage the involvement of both physicians and patients.”

Two medical co-operatives were founded in the 1970s. In Barcelona, where Assistència Sanitària Col·legial already had deep social roots, the physicians created the co-

operative called Autogestió Sanitària, Societat Cooperativa. In the rest of Spain, physicians came together under the Lavinia co-operative, taking the name that Salvador Espriu, the poet brother, used to use to refer to Barcelona in his works. “We immediately realised the advantages of co-operative working: we didn’t have any problem finding shares for sale for a new physician who wanted to join, or to sell shares belonging to a physician who was leaving or dying. Members could join and leave physicians’ co-operatives with equal rights, and the co-operative was the owner of 100% of the shares in ASC and ASISA.”

Physician and user co-management

“Medicine is a two-way thing”: this was something that Doctor Espriu had said over and over again to try and find a way of integrating users into the management of social medicine. Once again in the 1970s, when the two medical co-operatives came into being, the second arm of the Espriuan co-operative health model was constituted. ASC promoted the creation of Societat Cooperativa de Instal·lacions D’Assistència Sanitària, SCIAS, in Barcelona. That way, two fundamental co-operatives had been created in the province of Barcelona, one for physicians and another for users. SCIAS is a non-profit consumer co-operative collectively owned by most of the people insured by ASC. Each insured person is a consumer member. With the foundation of Hospital de Barcelona in 1989, the collective of working members formed by the hospital’s workers was integrated into SCIAS.

“SCIAS is a co-operative, so it therefore has its own legal personality. It is owned by its current 170,000



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members. It does not have links with ASC in a compulsory or legal, juridical or contractual sense. What it does have, however, is a debt of gratitude to ASC, which promoted it and supported it.” That autonomy of the user co-operative was in fact the assurance of co-management: physician and medicine user representatives seated around the same table negotiating and managing health care together.

The Espriu Foundation, promoter of integral health co-operation

In 1989 the three co-operatives that had been founded on the basis of Espriuan health co-operation, Autogestió Sanitària, SCIAS and Lavinia, created a foundation for the promotion of the Espriuan co-operation model in the realm of healthcare. Since then, the Espriu Foundation has promoted conferences and talks, and has had the magazine *Compartir* as its spokesperson, with a Catalan version reaching more than 10,000 people in Catalonia,



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and a Spanish version for more than 22,000 people all over Spain and Latin America. But the main pivotal action of the Espriu Foundation was its presence on the international civil society scene. “Since the very first meetings of the Foundation’s governors, we immediately understood that we had to become the representatives of healthcare co-operation all over the world. To do that we had to take advantage of the International Co-operative Alliance’s (ICA) interest in the three co-operatives, two for physicians and one for users, that formed the Espriu Foundation. That facilitated the spread of the idea of co-operation in the healthcare field a great deal because, no sooner had we joined the ICA network, we were asked to play a very active role in it. In relatively few years, 1996 to be exact, the International Health Co-operative Organisation (IHCO) was created in conjunction with health co-operatives all over the world.”

Doctor Espriu is not at all conformist or complacent. Despite being satisfied with everything achieved so far in the realm of social medicine, he still feels that there are limitations. Be it at a prize-giving ceremony for public recognition or events celebrating the co-operatives he has founded, he never stops being critical, and explains what still needs to be done. Without going any further, why should health co-operation be restricted to private medicine? Why can’t private and public medicine in this country be articulated in a different way? Are we really sure that social medicine with a free choice of physician is more expensive than the current system? “I have always wanted to re-establish competition in social medicine. But I haven’t fully achieved that, because taking part in our group’s co-operatives is still for those who can afford it. I would like to extend the right for patients to choose physicians freely to all social levels. I have not achieved that.”

Chronology

- 1934** Foundation of Igualatorio Médico Quirúrgico de Bilbao.
- 1957** Foundation of Igualatorio de Barcelona, which was then called Assistència Sanitària Col·legial, SA.
- 1971** Assistència Sanitària Interprovincial, SA, ASISA, was created on the basis of Agrupación de Igualatorios Colegiales y Paracolegiales de España.
- 1974** Foundation of Societat Cooperativa de Instal·lacions D’Assistència Sanitàries, SCIAS.
- 1976** Foundation of Lavinia, Societat Cooperativa, owner of ASISA.
- 1978** Foundation of Autogestió Sanitària, Societat Cooperativa, owner of ASC.
- 1989** Foundation of Hospital de Barcelona, owner of SCIAS.
- 1989** Lavinia, SCIAS and Autogestió Sanitària join together and become the Espriu Foundation.
- 1990** ICA congress in Berlin. The Espriu Foundation becomes a member of the International Co-operative Alliance.
- 1995** Centennial congress of International Co-operative Alliance in Manchester.
- 1996** The International Health Co-operative Organisation (IHCO) was founded within ICA. The Espriu Foundation assumes European Chairmanship.

Conversations with Josep Espriu

"For many years I have been Chairman of over a dozen healthcare institutions that we have gradually created and developed around Assistència Sanitària. The ideas that came to us had to be turned into reality, and we unravelled them just as if we were unravelling a skein of wool, to create the edifice to house the ideal that I had worked for all my life: making social medicine satisfactory. A single medicine for everyone. (...) I have tried hard to be loyal to ideas that are fair and, at the same time, very simple: to get patients to speak confidently to their physicians, to get physicians to love their patients and to ensure that nothing and nobody gets between them. To make sure there are no intermediaries, which are the cause of interference and misunderstandings. These ideas have involved creating companies, employing people and moving money, but to me those are just the means to an end: satisfactory medicine. (...) Satisfactory in the sense that patients find the goodness in it that they have the right to expect, and that physicians are happy at work.

In second place, satisfactory in terms of the general structure, the set of factors that needs to be sorted to put right old mistakes made: overcrowding, impersonal treatment, exploitation of professionals, profit at the expense of health and illness. In third place, satisfactory too because it is capable of strengthening healthcare models in which positive aspects are viable: free choice of physicians, payment per professional act, personal care, self-management shared by health workers and healthcare users, removal of any type of intermediary and any profit motive, self-employed work, equal rights and obligations, open to everyone, etc."



From the book *Converses amb Josep Espriu* by Ramon Rius i Mosoll published in 1990.



Carles Roche

Neither has he managed to see any tangible materialisation of a legal model for integral health cooperation, in which co-operatives of physicians and users form second degree co-operatives for co-management schemes. By second degree, what is meant is co-operatives of co-operatives. "But it is essential to let things take their course. My life is the result of accidental happenings. The fact that two dermatologists called out to me in the basements of Hospital Clínic to suggest I join the Physicians' College was an accident, especially as I didn't even know where it was. The fact that Doctor Arandes suddenly saw the light and called me to set up Assistència Sanitària Col·legial was an accident. The spread of ASISA all over Spain was also the result of a whole host of accidents. The fact that the Hilton Hotel on Barcelona's Avenida Diagonal was only half built and for sale at a time when we in SCIAS were ready to buy it to turn it into Hospital de Barcelona was an accident. The fact that after taking just the first steps we realised that the International Co-operative Alliance offered us enormous opportunities to take action - and even to found the International Health Co-operative Organisation - was an accident." It seems that even accidents learned to become consequential at Doctor Espriu's side. **F**