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REVISTA ENFOQUES CIENCIA POLÍTICA Y ADMINISTRACIÓN PÚBLICA

CAN PROTEST MOVEMENTS INFLUENCE THE (RE)FORMULATION OF PUBLIC POLICIES?

Analysis of the recent controversial reform of the Portuguese public maternal health services

¿Pueden los movimientos de protesta influir en la (re) formulación de políticas públicas?

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ABSTRACT: The present work attempts to counter the restricted view about citizen participation and points out its relevance in public policies (re) formulation. In order to do that, it will focus on protest actions occurred in 2006 and 2007, in Portugal, motivated by the decision of the Health Ministry to close several maternity wards.

Based on the analysis of the arguments advanced by the political power, reasoned on a report elaborated by an expert group and on the analysis of the popular reactions during the protests, this article offers an analysis of the geography of the protests. It also evaluates the capacity of the popular movements

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to participate in the decision process as well as the political empowerment emerging from this form of collective action.

Keywords: public policies on health; protests movements; citizen participation; protests as participation.

RESUMEN: Este trabajo intenta replicar al punto de vista restringido respecto a la participación ciudadana y destaca su relevancia en la (re)formulación de políticas públicas. Para llevar esto a cabo, se enfocará en las acciones de protesta ocurridas en 2006 y 2007 en Portugal, motivadas por la decisión del Ministerio de Salud de cerrar salas de maternidad. Basándose en el análisis de los argumentos del poder político explicados en un informe realizado por un grupo de expertos y en el de las reacciones populares durante las protestas, este artículo presenta un análisis de la geografía de las protestas. Asimismo, evalúa la capacidad de los movimientos populares de participar en los procesos de decisiones tanto como en el empoderamiento político que emerge de esta forma de acción colectiva.

Palabras clave: Políticas públicas de Salud, movimientos de protesta, participación ciudadana, las protestas como participación.

I. Introduction

The framework of the analysis is based on the central assumption that different forms and practices of citizen participation can influence the (re)formulation of public policies and, thus, revert inequality scenarios.

The research project behind this paper takes some objectives as central, namely: i) to understand how, in the context of reforming public policies, different knowledges are related; ii) to measure the modalities of participation that demonstrate greater ability to revert decisions and to combat inequality; iii) and, finally, to clarify which actions should be regarded as "public participation", evaluating their limits. This article is mainly based on the analysis of empirical data, and therefore should be seen as work in progress.

The case study that justifies the analysis starts with the evaluation of the decision to close several maternity wards, issued by the Portuguese Ministry of Health in March 2006, and the popular protests that succeeded it. The data presented are based on: a) semi-structured interviews with a range of key informants (civic

movements' leaders, commanders of fire brigades –responsible in Portugal for emergency transport services–, hospital directors, members of the expert group and inhabitants of areas affected by the decision), b) documental analysis (central documents, with particular emphasis on legislation, the expert group report, protocols, several documents of the Ministry of Health on maternal and neonatal care and others), c) press analysis of free online newspapers (Publico, JN, Expresso, DN) and online newspapers with a subscription (Publico).

The choice of this case study relates to the fact that current debates and research on citizen participation tend to overestimate formally established participatory processes, rather than equally consider other modalities of participation. Thus, this is an attempt to counter a reductionist vision of citizen participation, investing in an analysis of protests as participation mechanisms.

We will begin by framing the emergence of the controversy that led to protests, reviewing the various arguments raised by the decision, identifying the several actors involved in the controversy and, finally, paying attention to the geography of the protests to understand how protests relate to territorial issues. A central effort will be made to assess the popular protests' potential to participate in public decision making processes.

II. The closure of portuguese maternity wards

II.1 A controversial decision

The controversy under analysis was motivated by the closure of maternity wards in Portugal and began during the first days of March 2006 upon the dissemination by the press of the main results presented in a report, commissioned by the Portuguese Health Ministry. This report was prepared by an expert group (constituted by obstetricians, paediatricians, and nurses with expertise in obstetrics) also called National Commission on Maternal and Neonatal Health (CNSMN).

The report was delivered on March 10th 2006, and on March 14th, four days later,[2] based on its key findings, the former Minister of Health signed the Ministerial Directive 7495/2006, which determined the maternity wards to be closed. The major conclusion of the report is that births should be concentrated in maternity wards that perform a high number of deliveries per year in order to ensure the safety of mothers and newborns.

That Directive stated that "the efficient provision of care in places with technical and human resources is guaranteed only in hospitals with 1500 deliveries a year". Additionally, information obtained in subsequent interview with one of the expert group leaders clarified that:

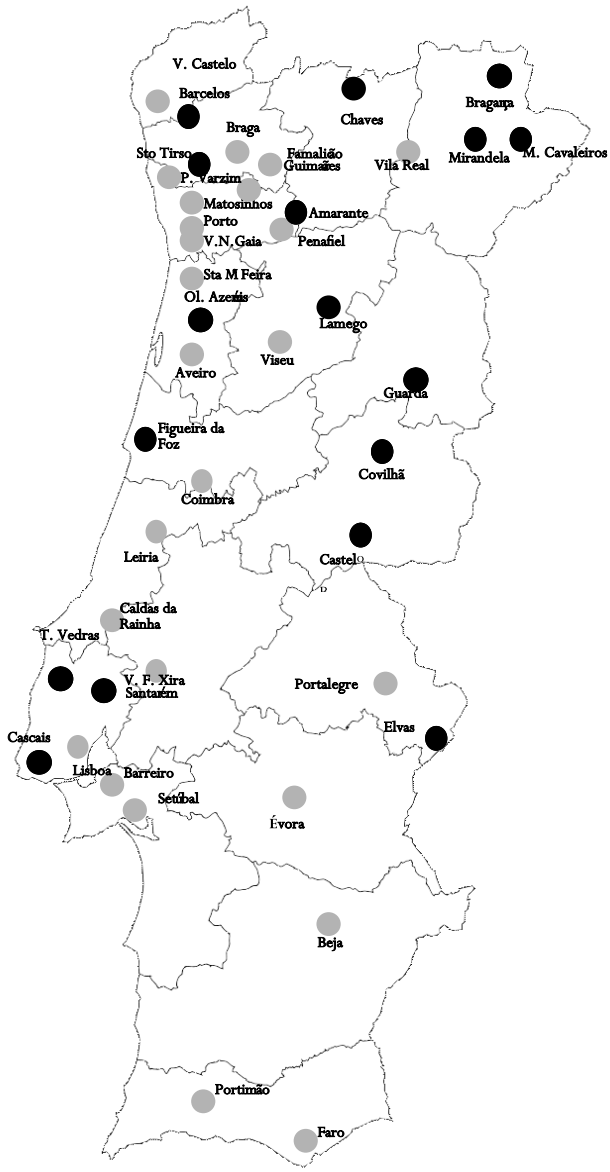
2 The short time between the public presentation of the report and the publication of the Ministerial Directive was subject to strong opposition by the population, who considered that the report legitimized a decision that was already taken.

> "Only in hospitals that realize about 1500 deliveries per year people can be born in safety. This is not a magic number, it's a consensual average, accepted at international level, which allows professionals to deliver a sufficient number of child in order to face rare situations that sometimes happen, and to be prepared to solve them so that nothing happens to women or newborns. (…) A minimum condition is also the permanent presence in these hospitals of two obstetricians, an anaesthetist and a paediatrician with training in neonatology and, particularly, in early resuscitation (…)."

Based on this efficiency criteria, the Directive also concludes that out of the 50 maternity wards of the National Health Service 27 have technical conditions, 23 do not (15 make less than 1200 deliveries a year, 12 less than 1000, and 5 less than 500).

These outcomes justified the closure of the maternity wards of Barcelos, Santo Tirso, Lamego, Oliveira de Azeméis, Torres Vedras and Elvas. The Ministerial Directive also stated that in the north-eastern region of Portugal (Mirandela, Bragança and Macedo de Cavaleiros), the regional hospitals administration (which involves the three hospitals management) should be the one to decide and inform the Ministry on which one of the three units would be selected to concentrate this type of service; it was decided to keep the unit of Bragança running. The same happened with the three hospitals in the region of Beira Interior (Guarda, Covilhã e Castelo Branco), expected to reach a decision between governments and professionals. Such decision has not been taken until now. Later on, the Directive also determined the closure of the maternity wards in Amarante, Figueira da Foz, Cascais, Chaves and Vila Franca de Xira.

FIGURE 1: NATIONAL HEALTH SYSTEM MATERNITY WARDS (MARCH 2006)[3]



3 The units the Ministerial Directive recommends to close are marked in black. The remaining units, marked in yellow, keep functioning.

Despite the failure on the accomplishment of the efficiency criteria based on 1500 per year by the Cascais, Torres Vedras and Vila Franca de Xira units the same Directive also determines its non-closure based on the fact that this decision would entail "an intolerable burden on the Lisbon area hospitals" and decided on the creation of new units be built in these regional areas.[4]

Moreover, it establishes also the closure suspension of Chaves and Lamego units until the improvement of road accessibilities to alternative units proposed by the legal document. Fully in accordance with the deadlines settled by the Ministerial Directive 7495/2006 was performed, during 2006, as follows: in May, Barcelos; in June, Santo Tirso, Oliveira de Azemeis and Elvas; in September, Macedo de Cavaleiros, Bragança and Lamego; in November, Figueira da Foz; in December, Amarante. During 2007, after the building of a central highway between the towns of Vila Real and Chaves, as expected, the latter service was closed.

II.2 Analysis of the arguments involved in the controversy: after all why they protested?

The political decision of birth concentration in some health units and the closure of some others, as mentioned in the report of CNSMN and in the subsequent Ministerial Directive, appears in a context of recent improvements in the maternal and child health perinatal politics.[5]

The Table 1 shows the restructuring health services in maternal and neonatal measures triggered by Portugal in 2006-2007. It aims to map the main arguments involved in the controversy. In addition, it highlights the divergent and convergent points between the different actors.[6]

A first look at the table puts in evidence the coincidence between the birth number concentration argument, presented by the experts report, and the Ministerial Directive published on this matter. The experts report suggests births concentration (determined through the ratio of 1500 births/year) in health units able to guarantee quality services, which have a contingent of human resources (with specialized training) and enough technicians. According to the CNSMN, the concentration policy contributes to promote quality services and to mitigate inequalities in the population's access to efficient services.

4 This exception was mentioned by the Ministerial Directive and generated new controversies because, although they did not accomplish the criterion of 1500 births a year, for some regions the government manifests the intention of improving their infrastructures, which was understood by the population as an argument favouring an inequality policy.

5 According to recent evaluations of these restructuring measures, Portugal is no longer between underdeveloped countries; it is now among the 10 countries with the best indicators on maternal and newborn health care.

6 In the table, shadows show the main convergences found amongst the main actors involved.

TABLE 1: MATERNAL AND NEONATAL RESTRUCTURING HEALTH SERVICES MEASURES (2006-2007)

CNSMN Report	Ministerial Directive	Popular Protests
Human Resources Technical Resources To keep Units with 1500 births/year opened. Concentration Quality Equality	Number of births (1500 per year) as a determinant factor for maternity wards closure, with some regional exceptions. Concentration Quality Equality	The measure taken is an economist measure which doesn't lead to quality services. Proximity Identity Inequality
To improve the transportation of pregnant women to the nearest maternity ward (which must be closer than 20Km/30' and must be done under medical supervision).	Improvements are announced, but the Ministerial Directive makes no reference to its execution.	Growth of the number of newborns delivered in extra hospital contexts. Professionals which transport and accompany the pregnant women to the maternities have no adequate training to do so.
To improve the referral network for obstetric consultation (also called Unidades Coordenadoras Territoriais).	Keeping the obstetric consultation as it was.	The measures taken are compromising women's freedom of choice of the birth place of their babies.
Before the implementation of the measures, a popular consultation is proposed to be made (namely to local mayors and health units administrators).	It totally ignores the suggestion.	The restructuration measures revealed politic prepotence and protests are faced as a legitimate exercise to participate and influence public decisions.
Regulation of private services should be made.	Measure to be implemented.	INEQUALITY

The Ministerial Directive concerning the regulation of this matter focused merely on the argument of births concentration suggested by the experts' report, ignoring the technical and human resources dimensions, and therefore determining the closure of maternity wards that perform fewer than 1500 births/year.

Confronted with the lack of investment in these health services, the population felt aggrieved with the decision and strongly protested against it.

Popular protests frame the idea that the closure plan reflects a camouflaged economist strategy to save resources, a decision contrary to investment in public services and also contrary to the right to access the national health system. Generally speaking, citizens didn't agree with the assumption that concentration of births in health units with 1500 births per year will result in better services and equal access to quality public health units. Accordingly, they demanded the maintenance of the local maternity wards designated by the Ministerial Directive to closure, so as to the guarantee proximity services. Moreover, the population claimed for quality services near their residences and also for the maintenance of their identity (which, for population who protested, is determined by birth place). Nevertheless, we can assume that this last argument was in some sense unjustified, since

parallel measures have been taken to ensure that the place of birth is measured by the residence of a parent and not necessarily by the birth place.[7]

Another important argument relates to the transport of the pregnant women, considered by the experts' group as a priority target of the restructuring, adding that the transport should be made in the company of a nurse midwife in case the distance is greater than or equal to 20 km or 30 minutes. They reported that services were not organized to guarantee the transportation requirements created by the restructuring. The Ministerial directive refers the need to ensure the urgent transportation services restructuration but without projecting how to do it. Facing the number of births occurring in extra-hospital context and the lack of professional training of those that accompany the pregnant women during transportation, the population reinforced its arguments for contesting the decision.

The free choice of birth place was also a focus of controversy. First, the CNSMN, despite underlining the need of rethinking the referral network for obstetric consultation, considered free choice a valid way to access quality services, and suggested that "*births should be concentrated in health units where the quality of the services is guaranteed and without prejudice of the freedom of choice of the population*." The population disagrees that the restructuring plan and the alternatives proposed by the Government could guarantee the advocated argument of the promotion of free choice, equal access to quality services, or even the argument that it could mitigate regional asymmetries.

The involvement of citizens in public decisions was completely disregarded by decision makers, although the experts' group underlined the importance of the population participation in the process (suggesting local mayors and health units' administrators). This was one of the strongest popular arguments, where citizens expressed displeasure with their exclusion from the decision making process, considering it as an attitude of "political arrogance". Moreover, this total lack of dialogue with the citizen sphere and/or with their representatives corroborates the hypothesis of lack of dialogue between different types of knowledges-expert and lay knowledge.

Private health services also take relevance in this controversy. The experts' report points the need of evaluating and regulating the birth private services, as it was done within public services. This recommendation was made because there are "*no mechanisms for quality control of services out of the Maternal and Child Referral Network*". The Ministerial Directive mentioned *"such regulation is already ongoing"*.[8] The population who protested believes that private services play an important

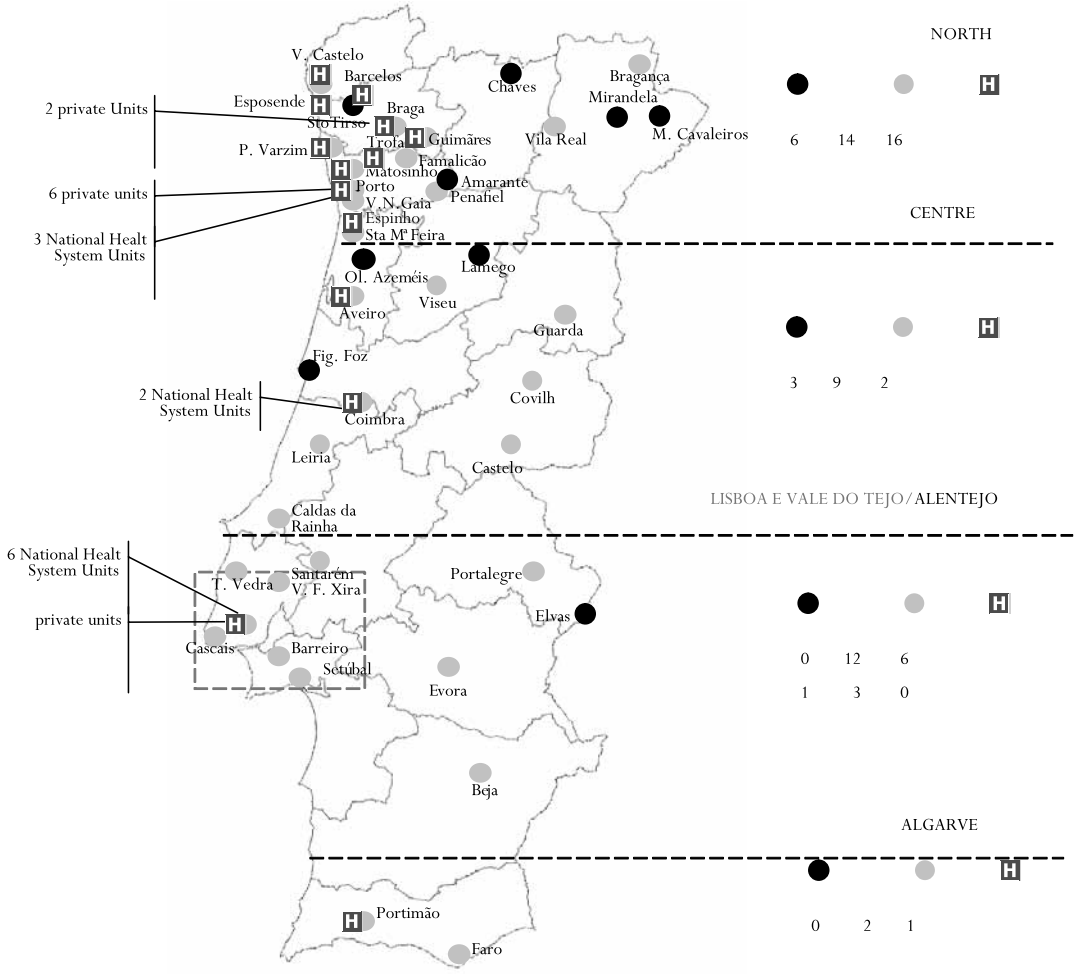
7 The closure plan determined that the inhabitants of Rio Maior and Elvas may come to be born in Badajoz, Spain, which led to the creation of specific legislation on this issue: Law 29/2007, of 2nd August (which requires the registration of children from Rio Maior and Elvas born in Badajoz as Portuguese citizens).

8 It was, indeed, out of the findings of that report that, 25 units of the private health system were evaluated (Order 01/06_CD/ERS), whose report was released in March 2009. A similar assessment was also held in 2006.

role in the controversy, highlighting the inequalities and disparities in the access to local services. In an attempt to clarify this matter, we will subsequently present the map of the Portuguese private and public maternity wards (as well as those targeted to close by the referred Ministerial Directive number 7495/2006) to visualize their distribution along the national territory. In a first look, we realize the existence of an asymmetric distribution of those services along the Portuguese territory, being clear the concentration, either of public or private services, in the north of the country, phenomena which is parallel to the number of units closed.

As it said above, the relevance of private services was mentioned during popular protests, especially noting their presence in places where government decided to closed units (as in Barcelos or Santo Tirso, besides the reference to a new project created to open a similar private service in Chaves). Moreover, population argued that the closure of public units contributed to the emergence of private units. It is important to note the greatest concentration of these services in the coast line of the country, and in the north, which accompanies the regional demographic trends (more services in regions more populated). Nevertheless, the proximity between the maternity wards closed and private health units is also a distinctive feature of the map.

FIGURE 2: PORTUGUESE MATERNITY WARDS - PRIVATE AND PUBLIC SERVICES (OCTOBER 2009)



Note: The letter "H" represents the location of private health units.

On this matter, the Ministry of Health seems to show some discretionary power with regard to the criteria applied in the evaluation of the public and private services, which can be understood as another line of inequality to be considered in the analysis. The National Regulatory Authority of Health (ERS), in its latest evaluation report on the private maternity wards conditions (ERS, 2009), revealed contradictory conclusions when compared with the demands advocated for the public services. Although in which concerns public health services, the cen-

tral criterion that determined the closure was based on quality/safety through measuring the indicator number of births per year (1500), for private services, it does not apply the same criteria, neither the same indicator. Instead of closing, the suggestion was an "investment in improving conditions", but we can't ignore that in terms of the number of births, only two units of the private service held more than 1.500 births per year.[9] In fact, in other private units the average is around 157 births a year, i.e., about 10 times less than the ratio stipulated for the public sector. Despite the low number of deliveries no private maternity ward was determined to close. Furthermore, the evaluation of the private sector reported higher weaknesses when compared to those recorded in the public sector, particularly regarding the failure of the minimum safety indicators such as technical and human resources and infrastructures.

II.3 The protests' anatomy

II.3.1 Different forms of protest

Considering a protest as an action which demonstrates a contrary position to a certain decision (Barry, 2001) –containing emotionality, suggestibility, intolerance, unanimity and solidarity (Juris, 2009) and, above all, interpersonal trust (Benson and Rochon, 2004)– various (and, often, very creative) forms of protests were used by the population to express in the public sphere the existence of a certain problem.

We cannot explore properly in this article the materiality of the protests; we propose to underline the diversity of actions and techniques of protest, triggered either in legal or illegal scope (such as popular petitions, slow walks and road blocks, vigils, mourning symbols imposition, legal actions to reopening of some maternity wards).

As the decision affected more certain areas than others, protests were also more intense in the affected areas. It is also at the local level that people integrate social networks capable of boosting the success of protests actions, as well as their sustainability over time (Mendes and Seixas, 2005). Although almost completely strict to the closure of the maternity wards, these protest actions joined other protest movements against the restructuration actions of the National Health System (namely the proximity services movement and the movement for the maintenance of permanent local health care services). Those protest movements strongly appeared in privileged spaces of satire (i.e., academic and carnival parades) as well as in some radio and television channels, which has contributed to increase the echo of discontent.

9 Hospital da Cruz Vermelha (Red Cross Hospital) and CUF Hospital, both in Lisbon.

FIGURE 3: POPULAR OPPOSITION TO THE CLOSURE OF MATERNITY WARDS

Source: Press Images.

Portuguese translation: the poster in the first photo says "the maternity ward is ours"; in the second "abort this idea"; and in the third "the government steals our health".

The contestability of decisions legitimizes participation and contributes to create affected collectives, which assume complain and criticism attitudes in order to achieve transformation (Callon *et al.,* 2001; Nunes, 2007). Contestability becomes, therefore, an integral part of democracy (Goldstone, 2004). This type of social movements allows us to measure the degree of democratic development in a given society (Carey, 2006; Mendes and Seixas, 2005; Schatzman, 2005; Sousa, 2009). Given the protests triggered by this and other health restructuration, and considering that, in Portugal, protests have increased in the last decades (Mendes and Seixas, 2005), we interpret this situation as a sign of development in Portuguese democracy. Protest actions must serve, above all, as a barometer of a representative democracy, providing clues for building a stronger democratic citizenship, which we desire increasingly active and participatory.

II.3.2 The main social actors involved in the protest movement

The population

The population emerged as the major actor in the protests, although real mobilization has been driven by political parties against the government decision, especially those at a local level. In some cases, mayors spoke on behalf of the population and led the protests. In some other cases, the presence of the political opposition was noted in other ways, such as appearing as leaders of the "civic movements" created to combat and protest against the decision.

FIGURE 4: EXPRESSIONS OF POLITICAL OPPOSITION
(POLITICAL PARTIES) TO THE CLOSURE OF MATERNITY WARDS

Source: Photos taken by the author.

These posters are signed by the biggest opposition political party (PDS-Social Democratic Party). In the first picture says "The PS (Socialist Party) government has closed the maternity wards and obstetrician emergency services in the hospital of Figueira da Foz in 2006". This poster was located near the entrance to the hospital. In the second poster says "Socialist Government closes maternity ward."

Several reasons were behind the opposition to the political decision to close maternity wards in Portugal. The most claimed one was the maintenance of local services of proximity:

> "Each Portuguese wants to have a health centre next to his house, a pharmacy in front and a meat shop next door, he also wants to have a backyard to sow potatoes and some kales as well as vineyard that gives wine without quality." (Octávio Cunha, member of the Expert Group in a statement to the press, September 3rd, 2006 www.solidariedade.pt).

Population also claimed for regional identity, stating that the decision was at least unfair because the place of birth would be different to the local residence of the newborn. Although, it is important to underline that clear regulation on this matter ensures "belonging" by birth to the address of one of the child's parents. Nevertheless, the population continued to argue that more important than belonging to a particular place is actually to be born there.

FIGURE 5: EXPRESSIONS OF IDENTITY OPPOSING TO THE CLOSURE OF MATERNITY WARDS

Source: *Outdoors* located in places where protests occurred.

Portuguese translation: first figure - "We want to be born in Mirandela"; second figure: "I want to be born in Torres Vedras!!!"; third figure 3: " An attack on life. We want to be born in Barcelos".

Another relevant claim raised relates to the right to participate in public decision making processes:

> *"Each Portuguese citizen has among his central rights the right to indignation and to protest. What happened due to the closure of maternity wards (…) is something very characteristic of this government, a deep ignorance of reality, of what people really want. A highly disrespectful attitude towards the population will, of the other reasons that we notice in negotiating whatever it is."* (Civic Movement Leader)

The question under analysis is intimately related with the exercise of participatory democracy signed as a fundamental principle in the Portuguese Constitution (article 2), being an obligation of the Portuguese State to "*implement a political democracy, to ensure and to promote a democratic participation of citizens in the resolution of national problems*" (article 9). With the protests, the population claimed the right to exercise its participation in public life, since *"all citizens have the right to take part in political life and conduct public affairs of the country, directly or through freely chosen representatives*." (Article 48)

Other argument raised against the decision of the policy makers defending the criterion of quality and safety was that this was only a way to disguise the lack of investment in such services.

> "All of us, as citizens, don't want the maternity wards closure. (…) If there are no conditions, improve them. We cannot accept that easy way of closing things." (Local citizen)

The regional inequalities in the access to quality services, as well as the role that private services can play in this context of asymmetries, became a central argument during the protests.

"To reopen the maternity ward the Minister should live here, that's how things work. Maybe there were maternity wards with fewer births that didn't close. Only Lisbon is Portugal…" (Local citizen)

Fire Brigades

Also fire brigades have participated in protest actions, since they are responsible of transporting urgent patients. They argued against the lack of planning of the transportation of pregnant women and their non-involvement during the birth concentration measure implementation.

"The CODU[10] sent me to [the alternative maternity ward] and we stood at the hospital door. The woman's bag of waters was broken and she had frequent contractions and we kept being at the front door of the hospital. The crew got there and there was no time… All the emergency service stopped and she gave birth there. After that, they asked us to take the mother with the baby to the responsible maternity wards." (Fire Brigade Commander)

Due to this kind of situations they also complained and claimed the right to participate in the decision making process:

"I heard about the local maternity ward closure… As a commander, I was never been reported. I've heard! Neither the hospital, INEM[11], ARS[12] informed me of the planned closure process. At the beginning, it was very confused (…) We took mothers-to-be to the hospital because we didn't know about the closure of the maternity ward and when we got there, «These guys are crazy! What are they doing here?» At the beginning, CODU also didn't know that the emergency service could not attend women in labor… Well, during the first few months it was a real mess! We got to the hospital with the pregnant woman and the emergency services just sent us away. (…) In practice, the fault was of those who put the measure to work, because nobody warned us." (Commander of Fire Corporation)

The fact that no one has informed the transport service for urgent patients (INEM/Corporate Fire Services) of the planned changes also emerged as a strong argument during the protests, and especially regarding the scarce availability of urgent vehicles as well as their technical equipment…

10 Centro de Orientação de Doentes Urgentes (Guidance Centre for Urgent Patients).

11 Instituto Nacional de Emergência Médica (National Institute of Medical Emergency).

12 Administração Regional de Saúde (Regional Health Authority).

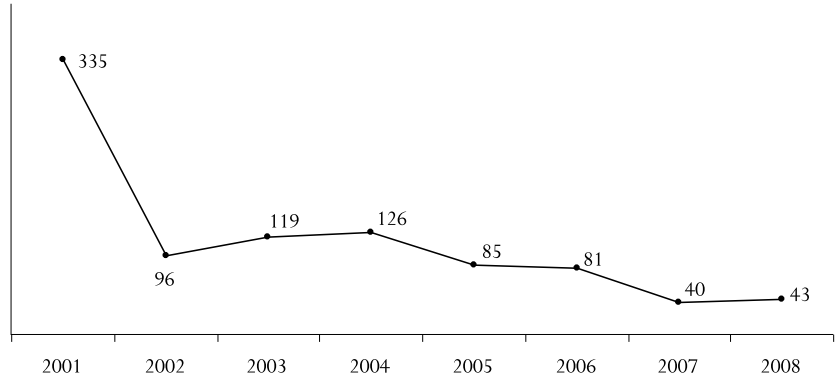
> "[A local institution] offered an ambulance to the population. That ambulance works exclusively with pregnant women. We have that vehicle, but the INEM forgets that as a Permanent Emergency Centre officially we only have one ambulance, and when it goes out for two hours with a pregnant woman, if there is another emergency there is no ambulance to transport sick people! They closed the maternity ward but they never bothered with the means available. We were never consulted in order to know if we had or had not the appropriate means." (Commander of Fire Corporation)

… or regarding the monitoring of the pregnant women by specialized personnel as provided by the Ministerial Directive, that never happened.

> "Tiago, 19 years old, assisted yesterday to his first birth delivery during his four years of service at the Oporto Fire Brigade. «I saw the baby's head coming out and suddenly it dropped into my arms (…) It was all very fast, I wrapped the girl with a sterilized sheet because we didn't cut the umbilical cord. I held the baby near the mother's arms during the way to get to the near emergency service, where a team was waiting for us. Everything went well», said Tiago proudly. His colleagues ensured that he "was still pale" when he arrived to the Fire Brigade Station." (Jornal de Notícias, a Portuguese daily newspaper, May 10th 2009)

These questions are also central because of the number of children born in non-hospital environment, especially in ambulances on the way to the maternity wards.

GRAPH 1: NUMBER OF BABIES BORN IN AMBULANCES



Source: Health Ministry and Journalistic Investigation.

The data between 2001 and 2006 was reported by the press and has as source the Ministry of Health. As there are no official data available for 2007 and 2008, it was decided to put in the graph data collected from another source in order to give a more recent scenario on the matter. The 2007 and 2008 data were collected by a weekly newspaper called "Expresso", which contacted all the national urgent transportation services. On this subject, and based on the data reported, it is important to note that, contrary to the concerns voiced during the protests, the number of births in ambulances has declined since 2001, although the opposite scenario was reported by the media.

> "There are people far from here who came to be born in our maternity ward that have much more difficulty to get here, but those cases don't appear in the newspapers! Just to say that this happens, always happened before, and can happen to a woman more relaxed who lives 15 minutes away from here. There are regions of Coimbra that have much more difficulty reaching the maternity ward than Figueira [a closed maternity ward]."(Director of one of the Coimbra maternity wards)

The media

As one of the great responsible actors for shaping public opinion, the media assumed an extraordinary relevance in this controversy, especially by playing the mediation role between the politicians and protest movements (Koopmans, 2004). Due to the absence of direct dialogue between involved actors in the controversy, the media served as a privileged communication channel of the arguments on both sides.

FIGURE 6: RESS IMAGES ON THE CONTROVERSY

Source: National Newspapers online.

In the first image is the Minister of Health, who authorized the closure of maternity wards, and a hand with the geographic shape of Portugal; the second is the first page of a local newspaper that puts the question "is the closure of Figueira da Foz maternity ward right?"; in the third appears a cartoon of the Portuguese Prime Minister, in labor, standing at the door of a closed maternity ward.

The media, through the main news issued, but also by using humour sketches or/and satire, contributed greatly for shaping public opinion on this matter. At the same time, the media also functioned as a privileged channel to give visibility and voice to the protest movements as well as to other actors involved in the controversy.

Beyond the incontestable visibility the media gave to protest movements, their power to influence opinions is also clear, especially the television, by stimulating the controversy and consequent protests actions.

The health professionals

Some health professionals, namely some obstetricians working in the closed maternity wards, joined the protests along the population, although without great expression (and despite the positive official position to the closure taken by the Obstetrician Group in the Portuguese College of Physicians). The main concern expressed by some of these professionals was related to the end of the exercise of some obstetric tasks in which they had been trained, including delivery of newborns, although they had the possibility to continue to monitor the pregnant women.

Some family doctors[13] (responsible for primary health care), even without expressing an official position, demonstrated disagreement with the closure of maternity wards, since they feared the increasing number of pregnancies to be monitored by them in the health centres where they practice. The lack of specific training, especially in relation to risk pregnancies, was the main argument raised. This argument reinforces the inadequate planning of the measure, especially in which concerns on how the health network services would support the pregnancy attendance. These arguments, allied to the population financial difficulties to access private services, pointed to new risks around the birth politics in Portugal.

The College of Nursing agreed with the closure of the maternity wards. Nevertheless, they claimed for greater investment in nurses' training as we see in their statements on "*conditions for the operation of maternity wards*", where they underline the need to consider the number of skilled professionals available (nurses with expertise in obstetrics and newborn health), reinforcing the need to provide the maternity wards with these professionals in sufficient number. Regarding the proper transport of the pregnant women, the College of Nursing was very critical in relation to the risk conditions it has been done.

III. Final remarks

Three years after the decision of the closure of the maternity wards the controversy is still present in the national political debates. A recent evaluation of the existent private services in Portugal (ERS, 2009) has revived the debate

13 In Portugal, each family has a general physician, designed by the Health National System, to take care of all the family members' health.

around the issue. Drawing on the conclusions of that evaluation report, several political parties demanded the government renewed explanations on the decision to close public maternity wards, and clarifications on the criteria for the unequal treatment given to private and public health services.

The decision to close maternity wards was fully accomplished, as designed by the Ministerial Directive. After that, policy-makers have been positively evaluating the measure effectiveness, highlighting the increases in quality services:

> "Portugal is no longer a country with data that ashames, when compared with close country partners. Now, we are part of the group of the best countries in the world in this subject." (Member of the Portuguese Observatory on Health Systems)

Nevertheless, during the controversy, politicians have always assumed a hermetic attitude against any possibility of reversing the decision, either through resistance to dialogue, either by imposing experts' irreconcilable arguments to population lay arguments. With this, Government has not only proved to be impermeable to dialogue with different knowledges, as revealed an "anti-social" management of this conflict. Given the geography of the closure, we can consider that Portuguese government contributed to worsening regional inequalities, reinforcing the absence/rarity of the public services system in some regions of the country, while concentrating them in areas of greater population density. This also allows us to re-evaluate the degree of democracy in the Portuguese political arena: in fact, this case study shows political authorities who did not listen to all citizens, and a state which is not equally present in all regions because, above all, political authorities didn't open any space to listen and negotiate with the protest movements.

Despite the many emotional arguments of the protests, when faced with the Government non dialogical attitude (and because there was no sign of retreat in the decision), protests ended up being emptied of the vitality assumed for almost three years all over the country. At the moment, there are only some echoes of the protests, demonstrated in online statements put in certain blogs, or press statements, especially when something that can be associated with the closure of the maternity wards occurs (women giving birth in ambulances, etc).

Some central objectives are pursued by protests, namely the demonstration effect "of what is wrong" and the attempts to reverse decisions. But protest actions are also able to accomplish unpredictable objectives extremely relevant from a participation point of view:

a) To demonstrate the vitality and capacity of the public opinion to express dissent positions and demand the repair of situations considered to be against their interests;

b) To influence the opinion of those who don't feel directly prejudiced but are part of a critical mass of electors;

c) To foresee possible controversial scenarios against decisions that government may take, contributing to the future policy planning.

To conclude, if we understand that "participation" is related to citizens' presence in a space where everyone expects to negotiate decisions, the analysed protests failed. However, if we extend the notion beyond the expected results, we realize that "participation" is even stronger when analysed as the path we can take to reach the opportunity to be heard and to influence decisions: it is mainly the capacity to appear in the public sphere and creatively express viewpoints, as well as the capacity to mobilize public opinion, to demonstrate that lay people have a voice. Considering these arguments, then, protests should be considered as privileged spaces of participation, particularly if we focus on the used social technology to participate and not only on the results that public participation can ensure.

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