

Law, Health and Autonomy: Confucian Democracy and Chinese Healthcare Reforms

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Introduction

1.1 Introduction

It was 10 november 1989 when Germany finally decided to start demolishing the wall which divided West from East Germany. In the Western world, there was a sense of victory; soon after the Wall came down, Francis Fukuyama famously declared that the world did not only stand witness to the end of the Cold War, but also to the end of history as such. In his famous article 'The End of History', Fukuyama describes the end of history as “the end point of mankind's ideological evolution and the universalization of Western liberal democracy as the final form of human government”.¹

However, the Yugoslav wars and 9/11 quickly made the world wonder whether history had indeed come to an ending. For this reason famous political scientists such as Robert Kagan and Samuel Huntington fiercely criticized Fukuyama. Robert Kagan, for example, argues that even though many wanted to believe that the end of the Cold War was also the end of all ideological and strategic conflict, the old competition between liberalism and autocracy soon re-emerged; struggles for status and influence still determine the global arena and the struggle between radical Islamists and the modern secular world has erupted as well.²

In similar vein, Samuel Huntington labels Fukuyama as an “endist” and “intellectual fadist”, and believes that Fukuyama's thesis is based on mere philosophical speculation, not rooted in historical facts at all. Huntington points out that Fukuyama places China and Russia out of history and could not make clear to his readers whether those countries will eventually accept liberal democracy or will turn to their own form of chauvinism.³ Samuel Huntington believes instead that a clash of civilizations will dominate global politics and that the fault lines between civilizations – which automatically lead to conflict – will be of a cultural nature.⁴ In other words, according to Huntington, the world will not be united in the near future because all countries have adopted a democratic ideology, but will stay divided, because cultural differences will persist and these cultural differences are unbridgeable. He adds that there are “seven or eight civilizations” and these include “Western, Confucian, Japanese, Islamic, Hindu, Slavic-Orthodox, Latin American and possibly African civilization”.⁵

Both Fukuyama's and Huntington's political philosophy have taken a central role in post-Cold War ideological thinking. Fukuyama's philosophy has become prominent because many ex-communist countries have indeed adopted a democracy soon after the wall came down. Huntington's philosophy has become prominent because many countries still adhere to autocratic principles. An important question in this regard is whether every political system needs to adopt democratic principles in order to fully mature or not. Another important question is whether it automatically means that a country can not benefit from democratic principles if it has already its own longstanding cultural and ideological tradition.

China is an interesting example. On the one hand it has slowly introduced a capitalist system – akin to the western liberal democratic system – from 1978 onwards. On the other hand, China has never adopted a liberal democracy, and the majority has more faith in Confucian principles and its autocratic system than Western democratic principles. Tony Saich shows by means of recent survey polls that general satisfaction with the central government has remained consistently high; it has even risen from 86,1 %, in 2003, to 92,6 % in 2014.⁶ One could argue that this is because the Chinese population has been rendered passive, but Tony Saich also shows that the Chinese population has been very vocal in their dissatisfaction with corrupt local officials, and argues that the Chinese population has mainly become more satisfied with the Chinese political system because

¹ Francis Fukuyama, "The End of History?", *The National Interest*, No. 16 (1989), 4.

² Robert Kagan, *The Return of History and the End of Dreams* (New York, Alfred A. Knopf: 2008), 8.

³ Samuel P. Huntington, 'No Exit: The Errors of Endism', *National Interest* (1989), 10.

⁴ Samuel P. Huntington, 'The Clash of Civilizations?', *Foreign Affairs* (1992), Vol. 72., No. 3., 22.

⁵ *Ibidem*, 25.

⁶ Tony Saich, 'How Chinese Citizens View the Quality of Governance under Xi Jinping', *Journal of Chinese Governance* (2016), Vol. 1., No. 1, 8.

president Xi Jinping has been battling corrupt local officials and has put a lot of effort in improving local conditions.⁷ It seems that the current Chinese political system has been able to keep on developing and keep its population satisfied without adopting a democratic system, but simply by slowly improving local conditions.

Things become more complicated when one looks at the health care system of China. Ever since Mao Zedong came to reign over China in 1949, the Chinese government has tried to reform the health care system on the basis of ideas that are diametrically opposed to each other. Whereas Mao Zedong had established a fully functioning health care system within an autocratic system, his successor Deng Xiaoping has tried to reform the health care system on the basis of western market principles. Neither Deng nor Mao have been successful in establishing a sustainable health care system, and in the recent years the Chinese government has adopted an approach which was basically in between these two approaches. Many scholars believe there is an unbridgeable ideological gap between the West and China – a gap between Confucian ideology and Western, liberal democratic ideology. Yet, there have been quite a few scholars who point out that it is possible to reconcile Confucian ideology with democratic ideology. Sadly though, they have not written much about the practical value of such a Confucian-Democratic reconciliation within contemporary China. Since the Chinese government has already adopted an in-between approach with regards to the health care reforms, it might just be the case that the notion of a Confucian democracy will be of use in the current Chinese health care reform era. Because the notion of a Confucian democracy has not been brought into connection with the current health care reforms in China, this thesis will focus on the following question: *What is the potential of a Confucian Democracy for solving the current problems of the Chinese health care system?*

1.2 Structure

In order to give a clear answer to this question, the thesis is divided into three sections, respectively elaborating on the theoretical framework, the historical overview and the current state of affairs.

More specifically, the next section will identify two contending camps within the academic literature: a democratic camp and a Confucian camp. Also, in this section the notion of a Confucian democracy will be explained. The following question is central to this section: *Are Confucian principles and democratic principles contradictory or can they complement each other?*

The third section will provide the reader with the context by means of a historical overview of the health care reforms between 1949 and 2009. The question of this section will be: *What is the historical context in which China 2009 health care reforms were implemented in?*

The fourth section will deal with the current state of affairs concerning the Chinese health care system – by focusing on newspaper articles and academic articles – and will connect the Chinese health care reforms to the notion of Confucian democracy. It will do so by focusing on the following

question: *How can the idea of a Confucian Democracy help the post-2009 Chinese government to make the right decisions regarding the healthcare reforms?* This thesis will end with a conclusion.

⁷ Ibidem, 17.

2. Confucian Principles Vs. Liberal Democratic Principles?

In China of the recent day and age problems concerning the healthcare system are all about, Worrysome management, corrupt, self-centred physicians and uneven distributions caused many concerns. As a result, a intense, polarized discussion came about. Some academics suggest that a re-introduction of Confucian principles is much needed in order to prevent the evils of market-capitalism, while others suggest that China needs to open itself up to the emerging market-economy, and rid itself from the suppressing Confucian vestiges.

On the basis of this discussion, it would seem that democratic principles and Confucian principles can not be unified. Nonetheless, academics – outside of the health care debate – argue that a Confucian Democracy is, in fact, not a contradiction in terms, as, for example, Samuel L. Huntington contends.⁸ In this section it will be argued that a Confucian Democracy is not contradictory and that democratic- and Confucian principles do, in fact, complement each other. *Are Confucian principles and democratic principles contradictory or can they complement each other?*

The question will be answered in two steps. First it will be shown how both the democratic and Confucian strand view the two ideologies as mutually exclusive. Then it will be shown how both ideologies are actually quite similar and might even complement each other.

2.1 The Confucian strand

It is true that nowadays certain democratic elements have already been adopted in China. Nonetheless, it remains the question whether these elements are truly democratic. Democratic “Rule of Law” is, for example, a concept commonly used in contemporary China. However, as Chelan Li points out, the Chinese Communist Party does not interpret the term “Rule of Law” in the same way as many do in the West. Instead, they mainly impose punishment and facilitate social control via strict laws.⁹

In reaction to this, the prominent sinologist Daniel A. Bell argues that it is highly unlikely that any form of democratic rule will emerge in China at all; the ideological heritage is simply too different and will only lead to misinterpretations and misuse; only a soundly operating meritocracy could emerge in China.¹⁰ When making these claims, Bell actually takes a moderate stance, in comparison with the Confucian-minded scholars concerned with the contemporary Chinese healthcare system. Scholars argue that the introduction of democratic principles will lead to a healthcare system that is economically unsustainable. They point out that even though the United States puts so much emphasis on autonomy, it is impossible for the country to fully maintain it for the simple reason that it will be too costly.¹¹ Tao adds that the introduction of a democracy will also lead to “an erosion of a culture of trust”.¹²

In similar vein, Fransen is suspicious of democratic influences and argues that these principles are simply incompatible with the family-oriented Chinese culture.¹³ What all of these critical positions towards democratic principles have in common is the belief that democratic principles necessarily have to do with individualistic tendencies. Therefore, they believe that the introduction of democratic principles can only be detrimental to China's community-oriented culture. However, as

⁸ Samuel P. Huntington, 'Democracy's Third Wave', *Journal of Democracy* (Spring 1991), Vol. 2., No. 2., 24.

⁹ Linda Chelan Li, 'The “Rule of Law” Policy in Guandong: Continuity or Departure? Meaning, Significance and Processes', *The China Quarterly* (March 2000), Vol. 161, 220.

¹⁰ Daniel A. Bell, *China's New Confucianism: Politics and Everyday Life in a Changing Society* (Princeton University Press: 2010), 32.

¹¹ H. T. Engelhardt, A. E. Hinkley, 'Chinese Health Care Policy: An Introduction to the Moral Challenges', Julia Tao (ed.), *China: Bioethics, Trust and the Challenge of the Market* (Springer Science + Business B. V.: 2008), 7.

¹² Julia Tao, 'Confucian Trust, Market and Health Care Reform', Julia Tao (ed.), *China: Bioethics, Trust and the Challenge of the Market* (Springer Science + Business B. V.: 2008), 85.

¹³ Frederic J. Fransen, 'Markets, Trust, and the Nurturing of a Culture of Responsibility: Implications for Health Care Policy in China', Julia Tao (ed.), *China: Bioethics, Trust and the Challenge of the Market* (Springer Science + Business B. V.: 2008), 151.

will become clear, democracy is not inherently connected to individualism; there is also a communitarian version of democracy, not centred around individualist sentiments.

2.2 The Democratic Strand

As is also the case with the Confucian-minded scholars and their critique on democratic principles, the democracy-minded scholars, focused on the healthcare system in China, tend to disregard Confucian principles on the basis of a misinterpretation as well. They tend to treat Confucian principles as if they are solely authoritarian principles inhibiting progress. Huntington, for example, writes that Confucian Democracy is a contradiction in terms because Confucianism is authoritarian to the extent that it has merged state and society and has made the emergence of legitimate social institutions impossible.¹⁴ Along similar lines, Pye and Pye argue that it is impossible for a democratic society to come to rise in China, since the Confucian legacy has made China much too authoritarian for this to happen.¹⁵

Even though Shi and Lu assess Confucianism in a more nuanced fashion, they also conceive of Confucianism as something authoritarian. They argue, for example, that even though it is central in Confucianism that the people ought to be taken as the root and the basis, Confucianism is still paternalistic, since it only wants to take the people as the root and promote the welfare of the people, in order to “keep the rulers in power, not to extend autonomy or participation in government to the common man”.¹⁶ Because of the same line of reasoning, Fingarette argues that there is little room for moral autonomy in Confucius' philosophy and that, therefore, an introduction of democratically functioning social institutions is hardly possible in China.¹⁷ It is also because of the role autonomy plays in Confucius' philosophy that scholars believe that democratically functioning social institutions are not possible within a Confucian system. According to them, the forms of interdependence will only get more complicated in China because the country has been on the path of capitalist modernization for some decades now; this means that traditional, hierarchical forms of accountability will eventually be outstripped.¹⁸

In sum, the common tendency amongst these authors is to conceive of Confucianism as an authoritarian ideology that promotes a strict, hierarchical society in which individual autonomy does not seem to play an important role at all. Also, because of the hierarchical and patriarchal tendencies it seems to be impossible for soundly working, democratic social institutions to arise at all; it only inhibits progress. However, despite the fact that Confucius has often been used to justify authoritarian sentiments, Confucius' philosophy in itself is not necessarily authoritarian. One could argue instead that Confucius is, in fact, focusing, most of all, on individual progress through understanding his role within the community.

In other words, one could argue that Confucius focuses mostly on self-discovery and self-cultivation through relationality, while he does attach little value to blind conformism. If one adheres to the former approach, it will become much easier to link Confucianism with democracy, since the communitarian version of democracy is centred around relationality as well. This will become clear in the next part by comparing John Dewey's communitarian-democratic philosophy with Confucius' philosophy.

¹⁴ Huntington, 'Third Wave', 24.

¹⁵ Lucian W. Pye, Mary W. Pye, *Asian Power and Politics: The Cultural Dimensions of Authority* (Cambridge: 1985), 56.

¹⁶ Tianjian Shi, Jie Lu, 'The Shadow of Confucianism', *Journal of Democracy* (October 2010), Vol. 21, No. 4., 125.

¹⁷ Herbert Fingarette, *Confucius: The Secular as Sacred* (New York: 1972), 21.

¹⁸ Daniel Deudney, John G. Ikenberry, 'The Myth of the Autocratic Revival – Why Liberal Democracy will Prevail', *Foreign Affairs* (2009), Vol. 88, 84.

2.3 John Dewey & Confucian Democracy

As has become clear, neither the Confucian strand nor the democratic strand seems to believe that a unification between democratic principles and Confucian principles is possible. However, there are also strands of democracy which are centred around communitarian principles, and, therefore, are closer to Confucianism than the aforementioned democracy-minded academics seem to believe. A concise overview of John Dewey's political philosophy will make this clear.

John Dewey, most of all, laments the fact that it is common among Western philosophers to distinguish the private and the public, and the individual from the social. Dewey contends that “nothing has been discovered which acts in entire isolation. The action of everything is along with the action of other things. The 'along with' is of such a kind that the behavior of each if modified by its connection with others”.¹⁹ In line with this, Dewey argues that, when analyzing the state, one should rather pay attention to the indirect consequences of acts, and not to a causal authorship centred around an absolute state.²⁰ Since all persons are always and already within a community, and since this community is formed by everybody's actions, all persons will always be affected – either directly or indirectly – by the actions of the other.

Because everybody is always affected by the actions of the other, Dewey believes that “all virtues are summed up in filial piety”.²¹ It is through the family that one will grow aware of the fact that all actions have consequences. So, since the family forms the basis for clans, neighbourhoods and society at large, the individual will become conscious how everybody is essentially interconnected and how his own actions will affect the other.²² He puts it even more radically and argues that the public will not be able to find and identify itself unless local communal life is fully restored.²³ In sum, society must be organized in such a way that the individual is aware of his own relational and interconnected nature.

John Dewey's philosophy of law dovetails with his view on society and individual autonomy. According to Dewey, one first has to look at the social context, before looking at law. The law, Dewey notes, “cannot be set up if it were a separate entity, but can be discussed only in terms of the social conditions and of what it concretely does there”.²⁴ He also argues that laws are formed on the basis of existing traditions, customs and habits within society and, in their own turn, “represent the beginning of a new custom”.²⁵ In other words, for Dewey a law is basically the same as a custom and is, therefore, of a social nature.

Dewey also contends that the enforcement of laws is necessary for he thinks of a law as “describing a method for employing force economically, efficiently, so as to get results with the least waste”.²⁶ The standard that Dewey has in mind is a democratic society. So, if a law makes a democratic society more harmonious, it furthers this society and then it is justified to enforce this law. He believes that a democratic society is only possible if and only if it has a democratic set of habits, as Brian E. Butler explains concisely.²⁷ From this it follows that a rule of law is of the utmost importance for John Dewey, but that one always has to keep in mind that a rule of law is only a means, a product of society, and only there to maintain a democratic society.

On 1 May 1919, when China was in an era of reform, John Dewey also came to China to give a series of lectures on topics such as the history of Western thought, ethics, education, scientific inquiry and, most importantly, democracy.²⁸ It so happened that three days after John Dewey had

¹⁹ John Dewey, *The Public & its Problems* (Ohio University Press: 1954), 22.

²⁰ *Ibidem*, 47.

²¹ *Ibidem*, 42.

²² *Ibidem*, 40.

²³ *Ibidem*, 216.

²⁴ John Dewey, *Later Works 14* (Illinois: Southern Illinois University Press: 2008), 117.

²⁵ John Dewey, *Later Works 3* (Illinois: Southern Illinois University Press: 2008), 327.

²⁶ John Dewey, *Middle Works 10* (Illinois: Southern Illinois University Press: 2008), 212.

²⁷ Brian E. Butler, 'Democracy and Law: Situating Law within John Dewey's Democratic Vision', *Ethics & Politics* (2010), Vol. 12, No. 1., 277.

²⁸ Scott R. Stroud, 'Selling Democratic and the Rhetorical Habits of Synthetic Conflict: John Dewey as Pragmatic Rhetor in China', *Rhetoric & Public Affairs* (2013), Vol. 16., No. 2., 98.

arrived in China, thousands of students were rioting in Beijing against Chinese backwardness, corruption and the influence of Japan in the political and business affairs in China; this protest-movement is also famously known as the May Fourth Movement.²⁹ In other words, John Dewey came at the right time, when many were fed up with their own system, and were looking at democracy as a real alternative. Sor-Hoon Tan writes the following about this compatibility: “During a time when some Chinese were calling for “complete Westernization” as the solution to China’s problems, the “philosopher of American democracy” was received with enthusiasm because his audience believed that his philosophy addressed their concerns, [and] provided them with conceptual tools to understand and solve their problems”.³⁰ And, Barry Keenan adds to this that oddly enough John Dewey turned sixty years old in the fall of 1919 on the exact same day when Confucius’ 2470th birthday was celebrated, “leading many to refer to Dewey as the ‘Second Confucius’”.³¹ So, when John Dewey was giving his series of lectures in China, in 1919 and 1920, he was welcomed with full enthusiasm, even to the extent that they referred to him as someone who could give the Chinese peoples wisdoms just as valuable as Confucius has done.

There were already several influential Chinese thinkers who were favourable towards the implementation of democratic elements in China before John Dewey had given his series of lectures in China. For example, Liang Qichao (1873-1929) is a very important thinker who has written a lot on why the introduction of liberal principles would be beneficial to the Chinese political system. Qichao believes that if China wants political freedoms, liberal principles need to be introduced. This can only happen, according to him, if China subscribes itself to the natural rights theory.³² Liang Qichao himself is very clear on this matter: “liberty is the expression of rights. To be human, every person needs two conditions: one is life, the other rights. Lacking either of them is inhuman”.³³ He also adds that substantive freedoms are of the utmost importance, simply because without the protection of the law, one can never really be sure if the freedoms such as those of speech, assembly, residence, movement and belief are mere paper formalities or taken seriously by the state. To put it differently, if there is no constitutionalism that limits the state powers, according to Qichao, there is only a “freedom of the slaves”.³⁴

Around the same time when John Dewey came to China, the literary Magazine *The New Youth* was gaining a lot of influence in Chinese intellectual circles. The editor and the most prominent political thinker of this magazine is Chen Duxiu (1879-1942). Duxiu had gained a lot of prominence at that time because he was advocating the liberation of the individual from the family and the clan; traditional Confucian ideas had to be abandoned.³⁵ His ideas had also influenced Hu Shi (1891-1962), the mind behind the New Culture Movement, a literary revolution that sought to abandon traditional, Confucian beliefs, and move towards western standards of democracy and science. This New Culture Movement, and especially Hu Shi, was heavily influenced by Dewey's notion of a communitarian democracy. However, they did not attach as much value to the role of the individual within the community as Dewey does. Instead, they rebelled against the idea that the individual must subordinate himself to the community.

In the twentieth century, an important group of thinkers came to the fore, which was heavily influenced by the ideas of John Dewey as well. This group of thinkers are known today as the New Confucians and is represented by influential thinkers such as Xu Fuguan (1904-1982), Mou Zongsan (1909-1995) and Tang Junyi (1909-1978). These thinkers came to be known as fierce critics of wholesale westernization. They also argue that autonomy could be introduced in China

²⁹ Ibidem, 104.

³⁰ Sor-hoon Tan, 'How Can a Chinese Democracy Be Pragmatic?', *Transactions of the Charles S. Peirce Society* (2011), Vol. 47, 197.

³¹ Barry Keenan, *The Dewey Experiment in China: Educational Reform and Political Power In the Early Republic* (Cambridge: Harvard University Press, 1977), 10.

³² Edmund Fung, 'The Idea of Freedom in Modern China Revisited: Plural Conceptions and Dual Responsibilities', *Modern China* (2006), Vol. 32., No. 4., 456.

³³ Hu Weixi, Gao Ruiquan, Zhang Limin, *The Crossroads and the Pagoda* (Shanghai: Shanghai Renmin Chubanshe, 1991), 138.

³⁴ Ibidem, ibidem.

³⁵ Fung, 'The Idea of Freedom', 459.

without rebelling against conventions, traditions or the social environment.³⁶ They rather believe that autonomy can only be achieved through self-cultivation and emphasize that if one reads Dewey, one will come to the conclusion that this self-cultivation can only be achieved by finding one's purpose and place in social and public affairs. This is to say that autonomy can only be achieved in the case of social harmony, public responsibility and the exercise of reason and self-constraint.³⁷

In sum, the New Confucians emphasize the communitarian aspect of Dewey's philosophy, while the New Culture Movement and Liang Qichao rather emphasize the constitutional aspect of a democracy along Deweyian lines. So, the intellectual history of twentieth-century China shows that Dewey's thought could be brought in harmony with Chinese thinking, yet it seems that there have been no prominent Chinese thinkers who have focused on both the Confucian, communitarian aspect of Dewey's thought and the constitutional, democratic aspect.

2.4 Confucius & Confucian Democracy

So, relationality and the community stand central in John Dewey's philosophy. Relationality and the community also form the heart of Confucian philosophy. This becomes apparent in *The Analects* when Confucius writes about the various dimensions of personal cultivation, in passage 17.8: “there is the love of being benevolent (仁 ren) without the love of learning (学 xue) – the beclouding here leads to a foolish simplicity. There is the love of knowing (知 zhi) without the love of learning – the beclouding here leads to dissipation of mind. There is the love of being sincere (信 xin) without the love of learning – the beclouding here leads to an injurious disregard of consequences. There is the love of straightforwardness (直 zhen) without the love of learning – the beclouding here leads to rudeness. There is the love of boldness (勇 yong) without the love of learning – the beclouding here leads to insubordination.

There is the love of firmness (刚 gang) without the love of learning - the beclouding here leads to extravagant conduct.”³⁸

In writing about the various dimensions of personal cultivation, Confucius also brings several important Confucian virtues to the fore, especially the virtues *benevolence*, *learning*, *knowledge* and *sincerity* have a central role within the Confucian philosophy. However, in order to make clear which roles all these concepts play within Confucius' philosophy, it first of all needs to be stressed that several concepts have a different meaning within this philosophy than in everyday western discourse. For example, when Confucius refers to a person who loves learning, he is not referring to a person who loves to read books and listen to informative lectures; for Confucius learning rather denotes the acquisition and appropriation of the meaning invested in the cultural tradition by those who have gone before, as Hall and Ames point out.³⁹ Hall and Ames also point out that the Chinese term for *knowledge* has an intersubjective dimension to it as well, since in Classical Chinese the term is usually semantically associated with a sense of mutual awareness or intimacy.⁴⁰

In Confucius' philosophy benevolence and sincerity are presented as intersubjective qualities as well. In the case of sincerity, if one does not live up to one's words, according to Confucius, it is not possible at all to establish friendships and win the trust of the people; life in a community will not be possible at all.⁴¹ And, in the case of benevolence, the Chinese term *ren* (仁) is often translated as *authoritative humanity*. This is a sensible translation, considering that an authoritative person (one who has *ren*) is somebody, according to Confucius, who enacts the formal structures of his traditions and is able to adapt it to new circumstances and intentions; he has an authority on the traditions, since he has incorporated them. Authoritative personhood is the highest stage of personal cultivation within the Confucian tradition and this personhood can be obtained through moral self-cultivation. This moral self-cultivation has not only to do with a strengthening of one's

³⁶ Ibidem, 471.

³⁷ Ibidem, 475.

³⁸ Confucius, *The Analects* 17:8, <http://ctext.org/analects/yang-huo/ens> [Last Accessed: 07-03-2017 16:34]

³⁹ David L. Hall, Roger T. Ames, *Thinking Through Confucius* (State University of New York Press: 1987), 46.

⁴⁰ Ibidem, 50.

⁴¹ Ibidem, 61.

character but also with the deepening of one's understanding of the cultural traditions. In short, Confucian self-cultivation solely has to do with intersubjective values.

However, in order for self-cultivation to happen within the community it is first of all important that those on the top of the political order serve as a good example. In the second book of the *Analects*, Confucius is very clear on this matter. For example, in *Analects* 2.1, Confucius states that “he who exercises government by means of his virtue may be compared to the north polar star, which keeps its place and all the stars turn towards it”.⁴² In *Analects* 2.3 he adds that “If the people be led by laws, and uniformity sought to be given them by punishments, they will try to avoid the punishment, but have no sense of shame. If they be led by virtue, and uniformity sought to be given them by the rules of propriety, they will have the sense of shame, and moreover will become good”.⁴³ In other words, Confucius “attributes good government primarily to the ruler's emanating moral charisma”, as Kim Sungmoon describes it.⁴⁴ This also becomes clear in book fifteen of *the Analects*, where he writes about Shun – who serves as one of the exemplary leader-figures in Confucius – the following: “May not Shun be instanced as having governed efficiently without exertion? What did he do? He did nothing but gravely and reverently occupy his royal seat.”⁴⁵ In short, as long as those on top of the political system are of a virtuous nature, the good virtues which Confucius writes about in passage 17.8 will come about.

However, many Chinese philosophers who tried to develop the Confucian philosophy after Confucius had died, distanced themselves from the belief that good government will primarily emanate from the ruler's moral charisma. The most important philosopher who went at great lengths to do so is Mencius (327-289 BC) – the most famous Confucian philosopher after Confucius himself.

This thesis will treat one of his principal ideas as an integral part of Confucianism as it is today, namely his idea of the system. Mencius had developed this idea because he believed that the non-coercive method of Confucian governance, as explained in *The Analects* 2.3, will simply not be enough. According to Mencius, Confucius was right in the sense that it is of the utmost importance that the political leader are of a virtuous nature, yet Confucius was wrong in believing that if the ruler would correct his behaviour, the others will automatically correct their behaviour as well. Mencius believes that the people would only take over the virtuous behaviour of their leaders in the case of decent socio-economic conditions, which, in turn, are brought about by benevolent public policies.⁴⁶ More concretely, these public policies had to make sure that the individuals themselves would feel responsible for their moral behaviour as well.

As stated before, Mencius believes that a leader could make sure that individuals would feel responsible for their own moral behaviour in the case of a well-field system; A historical system in China of land ownership and distribution. Mencius is very clear on this matter in Mencius 3A.3: “The way of the people is this: If they have a certain livelihood, they will have a fixed heart; if they have not a certain livelihood, they have not a fixed heart. If they have not a fixed heart, there is nothing which they will not do in the way of self-abandonment, of moral deflection, of depravity and of wild license”. He adds: “Now, the first thing towards a benevolent government must be to lay down the boundaries. If the boundaries are not defined correctly, the division of the land into squares will not be equal, and the produce available for salaries will not be evenly distributed. On this account, oppressive rulers and impure ministers are sure to neglect the defining of the boundaries. When the boundaries have been defined correctly, the division of the fields and the regulation of allowances may be determined by you, sitting at your ease”.⁴⁷ Put simply, good, benevolent government must begin with land-demarcation, because in that case the emperor could trust the officials on the lower levels to rule properly and not corruptly; this could only happen in

⁴² Confucius, *The Analects* 2:1, <http://ctext.org/analects/yang-huo/ens> [Last Accessed: 16-04-2017 14:42]

⁴³ Confucius, *The Analects* 2:3, <http://ctext.org/analects/yang-huo/ens> [Last Accessed: 16-04-2017 14:44]

⁴⁴ Kim Sungmoon, 'The Secret of Confucius' Wuwei Statecraft: Mencius' Political Theory of Responsibility', *Asian Philosophy* (2010), Vol. 20, No. 1, 27.

⁴⁵ Confucius, *The Analects* 15:5, <http://ctext.org/analects/yang-huo/ens> [Last Accessed: 16-04-2017 14:49]

⁴⁶ Sungmoon, 'The Secret of Confucius' Wuwei Statecraft', 29.

⁴⁷ Mencius, *Mengzi* 3:3A, <http://ctext.org/mengzi/teng-wen-gong-i/ens> [Last Accessed: 16-04-2017 15:30]

the case of strict arrangements and clear boundaries.

For Mencius this means that in practice there would be *jings* – plots of land that were in total 900 mu (60 hectare). These plots of land would be evenly distributed among 8 families, while the central square would be of the state. This does not only mean that every family would have 100 mu (6,667 hectare) of land for themselves and that there were indeed clear boundaries, but also that families share the duty together to take care of the land owned by the state; it would bring about mutual aid and a sense of duty towards the state. So, since this idea of Mencius is an integral part of Confucian philosophy as it is today, one can state that the idea of self-interdependence within a tightly regulated hierarchized system is also an important part of it, as Sungmoon also makes clear.⁴⁸ However, it is moral virtuousness which stands at the centre and not a tightly regulated hierarchized system, which is only the means; it is most of all a people-centred approach.

So, similar to Dewey, Confucius – and his followers – believe that self-cultivation and self-understanding can only happen if one takes the relational aspects of one's personhood into consideration. However, while Dewey stresses the fact that one could only understand oneself through one's role within the community – be it the family, be it the nation-state –, he does not pay much attention to benevolent acts. Confucius, on the other hand, attaches much value to sincerity, as has been shown. In other words, it seems that Dewey wants to make one realize how one ought to take the community into consideration in order to have a complete understanding of personhood, and by extension autonomy, whereas Confucius reflects more deeply on the ethical ramifications of this relational conception of personhood. In the next part it will become clear how the differences between both philosophies come to the fore and how both philosophies could strengthen each other.

2.5 Conclusion

In conclusion, Dewey's democratic philosophy shows that democratic principles and Confucian principles do not have to be mutually exclusive, contrary to what many critics suspect. For Confucius, and Confucians such as Mencius, it is not of the essence that the ruler controls all the people, but rather that they follow his good example. Also, Dewey shows that democracy is not necessarily the same as individualism. It was easy for Dewey's political philosophy to be accepted in the Chinese community, not only because China was, at that time, in political turmoil, but also because Dewey attaches much value to the community, as the Chinese had been doing for so many centuries. For Dewey, an individual could only be fully autonomous by understanding one's being-within-the-community. For this reason Dewey's philosophy is very similar to Confucius' philosophy, since the values within Confucianism are by and large of an intersubjective nature.

The Confucian philosophy and Deweyian philosophy would also complement each other because Confucianists – especially Mencius – stress the importance of a tightly regulated hierarchized structure, while Deweyian democrats would put more emphasis on the use of the rule of law, implemented in a democratic fashion. Instead, Dewey emphasizes that even if a rule of law is necessary for a harmonious society to be maintained, it will be only be a means to an end, and not the end itself. In short, a Confucian democracy contains both the possibility of a order regulated by a rule of law – as one can find in democracies –, and the focus on the community, as one can find in Confucianism and only to a lesser extent in a Deweyian democracy. In the next sections it will become clear to what extent this idea of a Confucian democracy might be of use to the Chinese healthcare sector as it is today.

⁴⁸ Sungmoon, 'The Secret of Confucius' Wuwei Statecraft', 39.

3. Healthcare Reforms in Contemporary China: From Mao to SARS

In the first section it was explained what the idea of Confucian democracy consists of. In this section it was also promised that it will be shown how this idea could nudge China's healthcare reforms into the right direction. However, it is first of all necessary to have a clear idea of the direction towards which China's healthcare reforms have been heading so far. This could be made clear by analyzing primary documents – such as Chinese newsarticles – to bring the current trends regarding healthcare reforms to the fore. Nonetheless, little will become clear if one has no understanding of the context. This section will therefore give a historical overview, so that the current trends regarding healthcare reforms in China can be analyzed in the fourth section. The timeframe will be between 1949 and 2009. 1949 will be the starting point because Mao Zedong was the first who has made serious attempts to establish a soundly functioning healthcare system. 2009 will be the endpoint, because it was in this year that the Chinese government announced a new round of healthcare reforms, and this has led to a shift towards a paradigm under which the Chinese government is still working today. The question of this section will therefore be the following: *What is the historical context in which China's 2009 healthcare reforms were implemented?*

In order to give a clear answer to this question, this section is divided into three parts. The first part focuses on the Maoist era (1949-1976), the second part on the Market-Based Era (1978-2002) and the third part on the SARS-era (2002-2009).

3.1 The Establishment of a Collective Healthcare system in Maoist China (1949-1976)

In the period between 1911 and 1949, serious efforts were made by the Guomindang – the ruling party during the Republican Era (1911-1949) – to establish a collective healthcare system. Nonetheless, due to the World War II, the ravaging civil war (1928-1949) and the resulting economic problems, the Guomindang was in no position to do so.⁴⁹

Shortly after, the Chinese Communist Party (CCP) had triumphed over the Guomindang – against all tides – and eventually had sent the Guomindang to Taiwan – in 1949. The first communist party was established in China, led by Mao Zedong. Along with the establishment of the Chinese Communist Party in 1949, a collective healthcare system was also established for the first time. Aside from several unique characteristics, this was a typical twentieth-century communist healthcare system; it was a state-owned system. The government did not only own and fund all private hospitals in China back then, but oversaw all private hospitals in China. They did so by establishing specialist facilities on different levels to closely monitor all hospitals. In other words, communist cadres had to oversee everything that happened, not only the big hospitals in the big urban areas, but also the township clinics in the poorest rural areas.⁵⁰

Rosenthal makes it clear that many have written about this period in a very romantic fashion, in the sense that Mao Zedong was the first who finally brought stability to China's healthcare system.⁵¹ However, even though there was a significant drop in mortality and morbidity in the 1950s and 1960s due to Mao's efforts, he had also disrupted the healthcare system by closing medical schools, universities and specialist departments in universities. He also made it sure that 'elite'-doctors were persecuted and tortured by the Red Guards, since these figures were conceived as representing the old Confucian society Mao wanted to dispense with. In the meantime, all medical graduates were forced to work in the country-side, to either work as village-doctors or to train villagers and turn them into barefoot doctors – farmers who received a minimal medical training, so that they can bring healthcare to poor rural areas where urban doctors will never go to.⁵² So, even though Mao

⁴⁹ Paul Pongor, 'Rural Health Care Delivery in the people's republic of China: is it equitably distributed?', Marilyn M. Rosenthal (ed.), *Health Care in the People's Republic of China* (Westview Press: 1987), 78.

⁵⁰ David Blumenthal et al., 'Privatization and its Discontents – The Evolving Chinese Health Care System', *The New England Journal of Medicine* (2005), Vol. 353., No. 11., 1166.

⁵¹ Marilyn M. Rosenthal, 'Introduction', Marilyn M. Rosenthal (ed.), *Health Care in the People's Republic of China* (Westview Press: 1987), 1.

⁵² Therese Hesketh et al., 'Health in China – From Mao to Market Reform', *British Medical Journal* (1997), Vol. 314.,

Zedong had made healthcare universal and even accessible to poor farmers, he left little to private initiative, and left everything to rigid planning from above; it was a state-owned system.

The collective healthcare system in the Maoist Era was not only a typically twentieth-century communist healthcare system because it was a state-owned system, but also because it put much emphasis on the commune.⁵³ For example, during Mao's reign all people in the urban areas were organized according to the hukou-system, which meant that all households had to be registered and were assigned a place where they were allowed to live, to ensure structural stability and prevent mass-migration between the villages and cities. It was even common practice to severely punish those who resided outside of their units and to exclude those who worked outside of their units from the grain rations. Moreover, in the urban areas the men were also put into *danwei*-units, which did not only provide work to its members, but also provided, for example, housing, child care, schools, clinics, shops, services and post offices. In short, life in the cities was organized in communes.

Healthcare was also provided in the cities through working-units, since the Chinese Communist Party had implemented a labour insurance scheme and a government insurance scheme in urban China. The Government Insurance Scheme (GIS) covered officials and staff (and their dependents) at government agencies, schools and universities, and research institutes, while the labour insurance Scheme (LIS) covered employees (and their dependents) at state owned factories.⁵⁴ In other words, in Maoist China all healthcare was provided in the urban areas through the working-units.

In the rural areas, the Chinese people were also organized in communes and healthcare was provided to nearly all the rural people by the Cooperative Medical Scheme (CMS). This scheme was a collective-economy, prepaid health security program and in 1976 it covered about 85% of the rural population. Private insurance was neither an option in the urban areas, nor in the rural areas.⁵⁵ Even though the Cultural Revolution and the Great Leap Forward devastated the country, the life expectancy of the population increased from around 35 years in 1949 to 68 years in 1978.⁵⁶

On the basis of this, one could safely state that Mao's healthcare system had improved the health of the Chinese people. However, in 1976, at the end of the Mao-era, the CCP was not able to uphold the state-planning system anymore, especially after the high costs of the devastating Cultural Revolution (1966-1976). Although about 90% of the Chinese population was ensured, the government was not able to afford all the costs anymore, which meant that the people did not only die from poverty or starvation, but also did not get the money the government had promised them.⁵⁷ Even though Mao Zedong had introduced comprehensive healthcare and a soundly working healthcare system for the first time in China, the system stopped working soundly shortly after. This was because everything was government-regulated and planned in a rigid manner, which meant that the healthcare system was unable to adapt to new circumstances. There was also little room for improvement, because all elite-hospitals and all elite-physicians were purged and because everything was regulated from above.

For this reason, the healthcare reforms took a totally different course after Mao Zedong had died and was succeeded by Deng Xiaoping

no. 7093., 1544.

⁵³ World Bank, *Financing Health Care: Issues and Options for China* (Washington D.C., World Bank: 1997), 48.

⁵⁴ Adam Wagstaff et al., 'China's health system and its reform: a review of recent studies', *Health Economics* (2009), Vol. 18., 9.

⁵⁵ Jin Ma et al., 'From a national, centrally planned health system to a system based on the market: Lessons from China', *Health Affairs* (2008), Vol. 27., No. 4., 939.

⁵⁶ Blumenthal, 'Privatization and its Discontents', 1166.

⁵⁷ C. J. Smith, '(Over)eating success: The health consequences of the restoration of capitalism in rural China', *Social Science and Medicine* (1993), Vol. 37., No. 6., 761.

3.2 The Market-Based Era (1978-2002)

When Deng Xiaoping came to reign in 1978, he abandoned China's plan-economy and introduced a market-economy instead. As a result, the economy skyrocketed and China opened up to the West. For this reason, many westerners conceive of Deng Xiaoping as the one leader who led China to a better future. Nonetheless, due to Deng's abandonment of the plan-economy, Deng also left 90% of the rural population without any health-insurance. This is because the communes were abandoned, leaving the Cooperative Medical System without a funding base; the Cooperative Medical system collapsed in 1979 and left the vast majority of the rural population uninsured.⁵⁸ In other words, about 700 million rural Chinese suddenly had to pay for healthcare out of their own pockets.

Next to that, the central government gradually decentralized its the healthcare system. Whereas the payment method in Maoist China was a flexible cost reimbursement method, Deng Xiaoping turned to block grants instead – a large sum of money the government grants to local authorities that they can spend into goods and services they prefer. However, the amount of the block grant to each health system sector was usually much less than the actual operating costs. Therefore, all health professionals and decision-makers were motivated to increase the supply of healthcare to generate higher economic profits. To further motivate people to make high profits using their skills, the government introduced a series of policies. For example, physicians were permitted to work in their leisure hours to earn extra income. The government also set high service fees for the use of newly introduced high-tech medical equipment.⁵⁹ So, in this era the government stopped regulating the healthcare system and started to rely on the initiatives of physicians themselves. They had set up a system in which physicians were highly motivated to offer more services because this would give them extra money.

Nonetheless, there were also some serious drawbacks to this system. First of all, since the physician's income was largely dependent on delivering personal medical services and charging for certain public health services, many physicians prescribed more medicines to its patients and kept its patients longer in hospitals than necessary.⁶⁰ Physicians came to care less about their patients and healthcare became much more expensive than before.

Secondly, due to the market system, urban private hospitals were more lucrative for physicians than public hospitals and hospitals in underdeveloped rural areas or less flourishing urban areas. Smith, for example, points out that between 1975 and 1984 state funding for urban hospitals tripled, whereas state funding for hospitals in rural areas declined by one-third.⁶¹ For this reason, physicians went to the public hospitals which were better funded, in flocks; capital and the quality of medical services came to be concentrated in the top-tier hospitals, while rural service provision was declining drastically.

Thirdly, out-of-pocket expenses accounted for 58 percent of healthcare spending in China in 2002, as compared with 20% in 1978.⁶² It thus became much harder to have access to healthcare than during the Maoist era. Next to that, a disparity did not only come about between regions, but also between people, namely between the rich and the poor.

Lastly, because of the market economy, local public health authorities started to concentrate more on revenue-generating activities than health education, maternal and child health, and control of epidemics.⁶³ As a result, healthcare was anything but people-centred during the market-era. Government did little to provide the people with the medical services and information they needed, and only encouraged physicians to focus on the aspects of their jobs that would be most lucrative. In other words, physicians were more motivated to deliver services that were lucrative but not very

⁵⁸ Winnie Yip et al., 'The Chinese Health System at a Crossroads: A New Infusion of Government Funds has Sparked Debate in China about how best to transform money in effective services', *Health Affairs* (2008), Vol. 27., No. 2., 461.

⁵⁹ Jin Ma et al., 'Lessons from China', 939.

⁶⁰ David Blumenthal et al., 'Privatization and its Discontents', 1167.

⁶¹ C. J. Smith, '(Over)eating Success', 765.

⁶² David Blumenthal et al., 'Privatization and its Discontents', 1167.

⁶³ Ibidem, ibidem.

helpful to their patients – such as overprescribing drugs instead of health education. For this reason, China was not prepared for the SARS-outbreak in 2003. Unsurprisingly, the SARS-outbreak had made the Chinese government aware that new reforms had to be implemented and China entered a new reform-phase in 2003.

3.3 The SARS Era (2003-2009)

Traumatized by the huge SARS-outbreak in 2003, the government did not believe anymore that it would be best to leave the healthcare sector to the market. This was because most physicians came to be driven mostly by individual profit and not by a will to deliver the best medical care to the patients as possible. Medical advice was not lucrative enough, so it was not high on the agenda. Yet, this attitude turned out to be disastrous when China was struck by the SARS-outbreak; nobody was really well-prepared. In order to do something about this, the government had decided to invest most of its funds in an apparatus that would control infectious diseases.⁶⁴ They also created an electronic system of disease reporting and special hospitals dedicated to infectious diseases.⁶⁵ In 2003, 45.8% of the total budget for disease prevention and control came from government funds, compared to 38.7% in 2000.⁶⁶

However, one of the main problems at the time was that the monitoring mechanism was often flawed below the district level.⁶⁷ In line with this, even though the government had established the New Rural Co-operative Medical Care System (NRCMCS) – a voluntary insurance system into which rural residents can enrol – in 2002, little was done to make sure that everything was monitored at all levels.⁶⁸ More importantly, since the system was of a voluntary nature, the program lacked adequate funding, medical staff and equipment.⁶⁹ As a result, huge disparities still persisted. So, even though the government learned after the SARS-break that the healthcare system could best not be left fully to the market, little was put into practice to let things run smoothly. For example, Wagstaff makes clear that during the SARS-period, patients still had too little access due to doctors solely focused on individual profit, and geographical inequalities.⁷⁰ The government did little against this.

In short, even though the central government put a lot of effort in granting more access to public health services, it took little action to end the huge disparities that existed in China. This is mostly because the central government invested large sums in controlling and preventing infectious diseases, while it did little to tackle the other important problems – such as overprescription of drugs, geographical inequalities and an underdeveloped institutional framework. Nonetheless, the Post-SARS Era showed that huge progress could be made in case of government investments. Whereas the Chinese government in the Maoist era and Post-Maoist era had put all its trust in either the government or the market, shortly after the SARS-era, the Chinese government came to believe that a good solution could rather be found somewhere in-between.

3.4 Conclusion

So, during the Maoist era, the Chinese government believed that it was up to the government to put a soundly working healthcare system in order. However, Mao's plan-economy was not sustainable, which became painstakingly clear especially after the Cultural Revolution. Even though about 90% of the population was insured, the government could not deliver the necessary goods and services at the end of the Maoist regime.

After the Maoist regime came to an end, Deng Xiaoping had learned several lessons from it and

⁶⁴ Ibidem, 1170.

⁶⁵ Ibidem, 1169.

⁶⁶ Ma, 'Lessons from China', 944.

⁶⁷ Rosenthal, 'Privatization and its Discontents', 1169.

⁶⁸ Wagstaff, 'Economic Analysis', 19.

⁶⁹ Ibidem, 18.

⁷⁰ Ibidem, 20.

decided to put its faith in the market, instead of the government. However, in the post-Maoist, market-based era many were uninsured again and huge disparities came about because physicians were more focused on private gain than on public service. As a result, China was not able to respond effectively at the SARS-outbreak. It turned out that a fully market-centred approach was not sustainable either.

After the SARS-outbreak the government did not dispense with the market completely, but decided that it would be wise to let certain things be regulated by the government. For this reason, the government invested a significantly higher amount of funds in disease control and health-education. However, little was done to deal with the root causes: geographical inequalities, overprescription of drugs and an underdeveloped institutional framework.

In sum, when the Chinese government was implementing new healthcare reforms in 2009, it already believed that the best approach to healthcare reforms was somewhere in-between a government-approach and market-approach. However up until that moment little had been done to put it into practice. In the next section it will become clear to what extent the Chinese government succeeds to put this approach into practice from 2009 onwards.

4. The 2009 Reforms, Post-2009 Reforms and Confucian Democracy

In the last section it became clear that in the post-Mao era, the Chinese government had become increasingly aware that you cannot leave the healthcare system to the market; government-intervention is necessary as well. This paradigm shift was put into practice in 2009 when the government announced its ambitious healthcare reform plans. After 2009, the government announced two five-year reform plans, in 2012 and 2016. Even though many problems regarding the healthcare system were solved, the most important problems are still there. Introducing the idea of a Confucian democracy will help the Chinese government to put their time, money and effort in the right reforms.

Therefore, this last section will be focused on the following question: *How can the idea of a Confucian Democracy help the post-2009 Chinese government to make the right decisions regarding the healthcare reforms?*

In order to give a clear answer to this question, it first needs to become clear what the Chinese healthcare reforms consisted of, both in 2009 and after 2009. After this has become clear, it can be explained why the idea of a Confucian democracy could be of use.

4.1 The Healthcare Reforms in 2009

Since it became clear in the SARS-era that government action was crucial for a soundly working healthcare system and that one could not leave this system solely to the workings of the market, the government unveiled its ambitious healthcare reform plan in April 2009. The government committed to spending an additional 850 billion Yuan in the following 3 years; the government wanted to achieve basic healthcare coverage for all residents living in urban and rural areas by 2020. The Chinese government outlined five programs: Broaden basic healthcare coverage, establish a national essential drug system, expand infrastructure for grassroots medical networks, provide equal access to basic public healthcare services and implement pilot reforms of public hospitals.⁷¹

In order to do so, the reform covered four strands: medical services, public health services, medical insurance and drugs supply. With regard to medical services, the government strived to deliver medical services in the future by public, non-profit hospitals. In order to do so, they established grassroots level hospitals and clinics in both urban and rural areas. The larger, specialist hospitals in urban areas were also asked to provide more support to small, local hospitals in terms of personnel, training and equipment.⁷²

In 2009 the government also made its plans public to set up diversified medical insurance systems in order to cover urban employees, unemployed or self-employed urban residents, and rural residents.⁷³ Lastly, with regard to drugs supply, the government started to regulate the prices of essential drugs, in order to prevent physicians from prescribing too many drugs to their patients. However, even though the Chinese government publicly showed to be aware that something needed to be done about the quality of drugs, the over-prescription of drugs and the access to medical care, the government had done little in the ensuing years to solve the related problems.

4.2 The 2009-problems

Due to the healthcare reforms in 2009, China was able to make some noteworthy gains with respect to their healthcare system. For example, in 2011, 95% of the population had a healthcare insurance coverage. Next to that, reimbursement rates for all inpatient services were raised and the differences between the rural poor and wealthy citizens were significantly narrowed. Furthermore, preventive

⁷¹ W. Yip et al., 'Early Appraisal of China's huge and complex health-care reforms', *The Lancet* (2012), Vol. 379, 833.

⁷² R. E. Ling, et al., 'Emerging issues in Public Health: A Perspective on China's Health-Care System', *Public Health* (2011), Vol. 125, No. 1, 12.

⁷³ Ibidem, ibidem.

services were also significantly improved.⁷⁴

Nonetheless, despite all efforts, problems still abounded. One of the most important problems was that there was little communication between the various levels of healthcare providers. For that reason, structured referral systems, patient discharge, handover mechanisms, and patient outreach were still not in place at all.⁷⁵ There was little coordination between the ten government agencies that are involved with the healthcare reforms. Due to institutional fragmentation, all the agencies are only focused on its own sphere and do not see the bigger picture; Jiwei identifies this fragmentation as one of the most important impediments to innovation.⁷⁶

Due to the institutional fragmentation, the majority of the people were still bypassing healthcare providers at the local levels and went to the big hospitals instead.⁷⁷ This is not only unsustainable, but it also means that healthcare providers at the local level will be left behind. For this reason is it necessary to strengthen the cooperation between the healthcare providers at different levels and establish a better institutional framework.

It was also the case that the quality of management services in public hospitals is very low. This is because public hospitals were not given any autonomy to reward high quality providers and remove poor quality providers, as the World Bank Report points out.⁷⁸ Therefore, there was little incentive in these hospitals to train their managers. In short, a better institutional framework could not only prevent egoist sentiments but could also ensure that healthcare services have more autonomy and could improve the quality of their services. So, a greater emphasis on autonomy and rule of law – in the democratic sense – could bring about a better institutional framework.

4.3 Healthcare Reforms after 2009; the 12th Five-Year Plan and the 13th Five-Year Plan

In 2012, the government had announced its twelfth 5-year plan, which meant that the medical reforms were to take a different course than in the period between 2009 and 2012. This plan was focused on the improvement of public hospitals, public health services, healthcare insurance and the quality of medicines; institutional improvement was not really an issue. To be more precise, in this period the government continued to increase its funding for the three insurance schemes and further integrated the three different insurance schemes. The government also increased its funding of medical personnel trainings and the infrastructure for public hospitals. Next to that, the government expanded the essential drug lists and strove to improve the quality and supervision of drugs.

Furthermore, it was in this period that drugs sale was delinked from staff-remuneration. The government also promoted private investment in the health care sector and, as a result, private hospitals had reached a market share of 20% in 2015. Most of the reforms that happened in this period were already initiated during the reform pilots in 2009.⁷⁹ So, the period between 2009 and 2012 was basically a period in which all lessons learnt between 2009 and 2012 were put into practice. Yet, this plan did not focus much on the improvement of the institutional framework either.

However, from 2015 onwards, premier Li Keqiang had grown increasingly aware that only in the case of more cooperation, improvement of the healthcare system would be possible. Already in 2015, the premier had organized a meeting with the president of the World Bank – Jim Yong Kim – during which the president had made it clear that increased cooperation and coordination has to

⁷⁴ World Bank Group, *Deepening Health Reform in China: Building High-Quality and Value-Based Service-Delivery* (2016), <https://openknowledge.worldbank.org/bitstream/handle/10986/24720/HealthReformInChina.pdf> [Last Accessed: 13:30 8-3-2017], 1.

⁷⁵ Rosalind McCollum, et al., “Experiences with Primary Healthcare in Fuzhou, Urban China, in the Context of Health Sector Reform: A Mixed Methods Study.”, *The International Journal of Health Planning and Management* (2014), Vol. 29, No. 2., 113.

⁷⁶ Qian Jiwei, “Reallocating Authority in the Chinese Health System: An Institutional Perspective”, *Journal of Asian Public Policy* (2015), Vol. 8, No. 1., 24.

⁷⁷ World Bank Group, *Deepening Health Reform*, 28.

⁷⁸ World Bank Group, *Deepening Health Reform*, 40.

⁷⁹ W. Yip, W. Hsiao, 'Harnessing the privatisation of China's fragmented health-care delivery', *Lancet* (2014), Vol. 384, 807.

happen in order for the healthcare system to improve.⁸⁰ Li clearly picked up on this, since he stated during the State Council executive meeting – hosted at December 21 2016 – the following : “In terms of medical reform, we need to concentrate on areas of people's concerns, and work harder in reducing high quality medical resources concentration in major cities, and make them more available to the public, the medical system needs to be lowered down, and administrative fragmentation needs to be broken to better serve public needs for medical service and cost reimbursement”. In order for this to happen, Keqiang explains that Internet health care needs to be applied more widely, more medical resources need to be made available at the grassroots levels and greater efforts need to be made in major disease control and treatment.⁸¹

In the recent years, Internet healthcare has also been applied more widely. As of 2017, more than 30% of public hospitals had set up electronic medical systems, according to China's Ministry of Health.⁸² Nonetheless, even though a recent report of sohu.com points out that more than 90 million Chinese patients have benefited from electronic healthcare services, many Chinese patients still bring to the fore that it still does not solve the most important problems concerning healthcare in China.⁸³ It might be true that online healthcare services might give patients advice within 20 minutes – even from a triple-A hospital physician –, but it still is the case that a lion's share of patients will bypass the local hospitals and will go to triple-A hospitals in bigger cities such as Beijing and Shanghai. Because of this, waiting lists have grown unreasonably long and an appointment with a specialist has become nearly impossible.

It is also the case that the Chinese Government has focused too much on organizational improvements and too little on institutional reforms when they were implementing the E-Health system, in the recent years. This system is an electronic system which could be accessed on the Internet not only by physicians but also by patients. The system serves three main purposes. First of all, it applies electronic medical records. Second, it establishes electronic communication and management functions and, lastly, it ensures interoperability.⁸⁴ However, the Chinese government has focused most of all on the electronic health records in the last decade, and little on second and third purpose of the E-health system. In the meantime, the ability to provide medical information on electronic platforms is still very limited, both between different hospitals and between physicians and patients.

Zhao Jie, the current chief of digital medical care at the Chinese Health Information Association, makes it clear that even though there are numerous Internet-based medical care platforms, these are only providing marginal services, such as registration and online advice about non-serious illnesses. Ni Rong – an official at the Zhejiang Provincial Health and Family Planning Commission – adds that the Internet services are limited simply because the different hospitals refuse to cooperate; they refuse to establish a common platform and share their own databases.⁸⁵ In sum, even with regard to electronic platforms, the physicians seem to be more concerned with their own profit than with their patients. It is estimated that China will spend almost 700 billion Yuan on digital medical services by 2020, compared to 20 billion yuan in 2014. Also with regard to medical platforms is it necessary to improve medical partnerships between medical institutions at different levels, otherwise triple-A hospitals in the cities will stay overcrowded, while local hospitals stay underdeveloped.

In 2015 The Medical and Health Service Development Report reported that visits to medical centres at community level continued to slip. The report has also stated that the government can implement as many administrative measures as the government likes, but there will not be any

⁸⁰ Rao Aimin, 'Chinese Premier meets World Bank President', http://china.org.cn/world/2015-07/16/content_36081935.htm [Last Accessed: 27-3-2017 16:13]

⁸¹ Hua Xia, 'China to make medical care more available to public', http://news.xinhuanet.com/english/2016-12/22/c_135923721.htm [Last Accessed: 27-3-2017 15:54].

⁸² Tian Shi, 'Following Healthcare Reform, Following Healthcare Reform, Chinese Public Hospitals Embrace Information Technology', <http://en.people.cn/n3/2016/1014/c90000-9127290.html> [Last Accessed: 27-3-2017 14:20]

⁸³ Chen Ximeng, 'Mobile Medicine: Online Apps can't replace facetime with doctors', <http://www.globaltimes.cn/content/948138.shtml> [Last Accessed: 25-5-2017 18:27].

⁸⁴ World Bank Group, *Deepening Health Reform*, 30.

⁸⁵ Wang Xiaodong, 'Medical Matchmakers drive e-health development', http://www.chinadaily.com.cn/life/2016-09/27/content_26908428_2.htm [Last Accessed: 27-3-2017 14:49].

successful breakthroughs in medical reforms if medical centres at the local levels stay underdeveloped and low on the patients' radars. For this reason, Li Keqiang has announced in April 2016 that government agencies need to push forward a medical service classification system in 70% of the provinces and cities. It is through this system that medical workers would screen the medical profiles of the patients and will decide which hospital on which level patients will be sent to.⁸⁶ However, as of today, Li Keqiang has not implemented any measures to make sure this would happen; he has only made it public how firmly he believes these kinds of reforms to be beneficial.

So, Li Keqiang is on the right track when it comes to his ideas, but he has brought little into practice. On 18 March 2017 he was, for example, still urging that medical services at different levels need to be integrated, that the mode of health insurance payment needs to be reformed and that mark-ups on pharmaceuticals need to be abolished, while nothing of this was put into practice in the meantime.⁸⁷ Moreover, when Keqiang announced the goals of the 13th Five-Year Plan (2016-2020), he only mentioned goals such as better disease control and prevention, the enhancement of medical services and a simplification of the approval procedure for new and urgently needed medicine.⁸⁸ He did not mention the improvement of medical partnerships between medical institutions at different levels at all. Even though Li Keqiang makes it clear that Chinese at the higher levels understand that better medical partnerships between medical institutions at different levels is necessary for a real breakthrough in medical reforms, it still does not seem that it will happen in the coming years.

However, it is true that from December 2016 onwards that Li Keqiang has repeatedly announced that medical partnerships need to be developed in order for medical services to be more accessible to the public. "In terms of medical reform, we need to concentrate on areas of people's concerns, and work harder in reducing high quality medical resources concentration in major cities, and make them more available to the public," as Li stated on 22 December 2016. In 2017 Li has also implemented several measures to bring this into practice.

Sadly, after he had announced the 13th Five-Year Plan, he made it clear that he tried to accomplish it by increasing medical competence – through encouraging consultations of family-doctors at the local level – and improving the public's access to medical resources, through encouraging a wider range of resource-sharing and giving a strict price control on medical resources. So, even though Li has also announced in April 2017 that the government will pilot an hierarchical medical system in 85% of the regions in China, no real breakthrough will be achieved if Li does not start to focus on the root of the problem: the medical partnerships themselves. To put it differently, if hospitals will keep on focusing more on profits than on good medical care, and if a rule of law does not ensure that medical partners will live up to their promises, the triple-A hospitals will still be overcrowded and the hospitals at the lower levels will remain underdeveloped.

To be sure, Li Keqiang does talk about the importance of developing better medical partnerships, but he only does so in a normative fashion. For example, he states that “staff morale *should be* [emphasis added] improved”, “partnerships in different forms at various levels *should be* established”, “medical insurance and personnel management *should be* adjusted to facilitate a nationwide trial of institutional partnerships” and “an incentive system *should be* introduced to encourage doctors to go to less-developed areas”.⁸⁹ Yet, Li does not make it clear at all how all of this should be achieved and in the meantime he keeps on implementing measures concerning the development of a hierarchical medical system that will be less effective, such as improving medical consultations at the family-level and introducing a price-control at medical resources.

In January 2017 Xi Jinping announced that for the new five-year plan training programs will be launched, 4.45 million nurses will be employed nationwide, an additional 89,000 hospital beds, and

⁸⁶ Yang Xin, 'Medical Service Reform Crawls along despite difficulties', <https://beijingtoday.com.cn/2016/04/medical-service-reform-crawls-along-despite-obstacles/> [Last Accessed: 27-4-2017 13:40].

⁸⁷ Hua Xia, 'Premier Calls for Deepening Health Reform', http://news.xinhuanet.com/english/2017-03/29/c_136165311.htm [Last Accessed: 7-4-2017 13:43].

⁸⁸ Xia, 'China to make Medical Care more Available to the Public'.

⁸⁹ Xia, 'Premier calls for Deepening Reform'.

140,000 obstetricians and midwives will be added, and more effort would be put into preventive services and the evaluation of the health conditions of the elderly people.⁹⁰ Even though these reforms are not bad in themselves, it is remarkable that institutional improvement and better cooperation between the different levels is not mentioned at all. One can also see this trend in China's strategy when it wanted to improve the quality of private hospitals, from 2016 onwards. Even though the Chinese government had allocated more funds to private hospitals, newsreporters report that there is not much supervision; the government is not aware at all how the money and goods are allocated at the private hospitals.⁹¹ So, also in the most recent period there seems to be too much focus on quantitative improvement, and too little on systemic, institutional reforms.

However, the problems of the current Chinese healthcare sector will only grow more severe if the Chinese government does not shift its focus away from organizational and technological improvement, and towards a systemic, institutional reform. In 2017 the Chinese government has further fleshed out the national medical insurance system and has made sure that even more Chinese citizens are covered by basic medical insurance. Due to the recent efforts of the government, medical services have also become more accessible and affordable for its citizens. The per capita medical expenditure has reached its minimum and 84% of the households can receive medical aid within fifteen minutes. Because more people are able to afford health care, the people's demand for better medical services is growing; it remains to be seen whether the healthcare system will still be sustainable after demand has grown so significantly. This problem of sustainability is exacerbated by the fact that the government has still not been able in the last few months to implement reforms that improved the institutional framework and cooperation between the different levels.

4.4 The Use of a Confucian Democracy

Introducing the idea of a Confucian democracy will help the reforms to take off in the right direction. This is because a Confucian democracy both emphasizes rule of law and the importance of benevolence – brought to practice in the form of the well-field system – , this version of democracy can make the Chinese government aware that both a tightly regulated hierarchized system and a people-centred approach will be useful. A tightly regulated hierarchized system is necessary because most physicians on the lower levels find it easy to cheat and ignore the rules imposed on them from above. Also, there is still little cooperation between the different hospitals and this impedes the most important forms of progress regarding the healthcare system. A people-centred approach is necessary because this makes the government aware that it is not about better hospitals, better insurance schemes and more professional physicians and nurses, but about the fact that everybody in China needs to have access to good healthcare, which is still not the case in today's China.

To be more concrete, the democratic element of Confucian democracy will make sure that the top-tier levels will oversee what is happening on the lower levels. It will also make sure that the allocation of goods and manpower will be distributed more evenly, so that public hospitals and medical services in remote village will not be left behind in comparison with, for example, private hospitals in flourishing urban sites. A sole emphasis on Confucian principles can make one aware that in the end the healthcare reforms have to be beneficial to the people, but it can not make sure that the system is really working.

Nonetheless, the Confucian element of Confucian democracy is also necessary for the government to implement the reforms. As has become clear in this section, in their most recent period of reforms, the government still focused too much on the marketization of the healthcare system, by encouraging investments in private hospitals. The government also has done too little to lower the drugprices and change the incentive structures, since many physicians still overprescribe drugs, even after the drugsale was delinked from staff-remuneration. In the meantime, the Chinese

⁹⁰ Zhang Dongmiao, 'China plans to lift life expectancy through better healthcare', http://news.xinhuanet.com/english/2017-01/11/c_135973559.htmj [Last Accessed: 8-3-2017 14:36].

⁹¹ Cai Xin, 'Reforms Necessary for Private Hospitals', <https://www.pressreader.com/china/global-times/20150415/282157879774792> [Last Accessed: 28-3-2017 11:57].

government has expanded the essential drug list, has improved the quality of drugs and has invested an enormous amount of money in the hospitals themselves. However, it seems that the government actually has to reform the hierarchical structure to improve the medical services. The Confucian element of Confucian democracy will remind policy-makers that a better system is not the end but only the means; in the end it is about the people.

The Confucianist idea – attributed to the Confucian scholar Mencius – of the well-field system can also complement democratic-minded reforms of China's healthcare sector, because it can make it clear what really needs to be regulated by a rule of law: medical partnerships. After all, Mencius' well-field system makes it clear that the people can only turn benevolent and work together if clear boundaries exist. In the case of the Chinese healthcare sector, this means that medical institutions will deliver more patient-minded medical services if the government implements an institutional system in which are sent to hospitals according to their needs. To be sure, this will be of little effect if the government does not improve the quality of lower-tier hospitals.

Yet, the lower-tier hospitals will not be able to run at all as long as most patients end up in higher-tier, over-crowded hospitals.

Concretely put, in the future the Chinese government should focus more on patient-centered healthcare, the harmonization of the healthcare system as a whole and more communication between the different tiers of the healthcare system. The government should also improve the supervision, to prevent overprescription of drugs and similar fraudulent practices.

Taiwan has already implemented several health care reforms to tackle these problems. In 1995, Taiwan had implemented the National Health Insurance program in which everybody was enrolled in 2001. Every enrollee – both the providers and the patients – received a Health IC smart card which they had to use to identify themselves, as to prevent overprescription of drugs, insurance fraud and duplication of tests and services.⁹² This implementation turned out to be very successful and could serve as a perfect example for the government in Beijing how supervision in the health care system can be improved.

Next to that, in the last couple of years the Taiwanese government – in order to tackle the problems regarding the aging of the population – has introduced more patient-centred healthcare and improve the healthcare system as a whole – in the way as has been recommended in this thesis. During the Taipei City Forum – held in August 2016 – it became clear that this shift in focus has been very successful in improving the quality of healthcare in Taiwan.⁹³ In short, Taiwan serves as a perfect example that the ideas of a Confucian democracy could nudge the Chinese government in the right direction, when it comes to healthcare reforms.

4.5 Conclusion

From 2009 onwards, the Chinese government has put much effort in improving the healthcare system. Nonetheless, problems still abound. The most important problem is that despite all reforms, there was still a lack of cooperation between the different hospitals and a lack of surveillance from above. As a result of this, progress was impeded and physicians could still oversubscribe medicines and over-hospitalize patients. Even though Chinese officials, such as premier Keqiang, are very much aware that better access to health care and better affordability can only be achieved in the case of better interoperability, the Chinese government has still focused too much on how to improve the quality of medical services and insurances schemes, and too little on how the different sections of the system could work together in a better way. Yet, if the Chinese government really wants the healthcare system to work perfectly, it first of all needs to improve the hierarchical structure and the possibilities of interoperability. This can only happen when the government makes sure that the hierarchy is tightly regulated. For this reason, reforms along democratic lines will be

⁹² Tsung-Mei Cheng, 'Lessons from Taiwan's Universal National Health Insurance: A Conversation with Taiwan's Health Minister Ching-Chuan Yeh', *Health Affairs* (2009), Vol. 28., No. 4., 1047.

⁹³ China Times, '醫療 醫療', <http://www.chinatimes.com/realtimenews/20160823006020-260402> [Last Accessed 14-06-2017 21:11].

beneficial, since this means that a rule of law can make sure that everything is happening as it is supposed to happen.

A sole focus on Confucian principles will not work, because these principles are non-binding and of a normative nature. However, Confucian principles are of importance as well, because otherwise healthcare reforms could go into the wrong direction. That is, emphasizing the Confucian element of Confucian democracy could remind policy-makers that better access and better affordability of medical services, and by extension a tightly regulated health care system, is only a means and not the end. In the end, it is all about the fact that the stronger ones ought to take care of the weaker. To put it more concretely, the Chinese healthcare system has to be reformed most of all because local hospitals in backward villages and public hospitals should not be left behind.

The idea of Confucian democracy could help the Chinese government to implement better reforms. This is because Confucian democracy both stresses the importance of tight regulations – by means of the rule of law – and the importance of benevolence, made possible within a system with clear boundaries between the different actors. As a result of this, the idea of a Confucian democracy could make Chinese officials realize that better access to medical services and better affordability could not be achieved by improving the system, but rather by improving the cooperation within the system. Next to that, the Confucian element of Confucian democracy will remind policy-makers that the most important thing is not how well the system is functioning, but how it is harmonized. Moreover, a sole focus on the democratic notion of rule of law will only lead to a healthcare system which is unsustainable, simply because the hierarchized system will not be streamlined and the society will not be harmonized. The healthcare reforms in Taiwan serve as a case of point that a Confucian democracy could nudge the Chinese government in the right direction.

Conclusion

Confucian principles and liberal democratic principles do not have to be mutually excluding; a Confucian Democracy can therefore be possible. John Dewey's political philosophy makes it clear that a democratic philosophy does not have to be rid with individualist principles, but could also be centred around the community. The community, of course, also stands central in Confucianism, and Dewey focused on the community to such an extent that he was called 'the second Confucius' when he was giving lectures in China. Deweyian democratic principles could complement Confucian principles because these principles emphasize the need of a rule law and tight regulations, to a larger extent than Confucian principles do. Confucian principles can complement democratic principles because they focus more on the question how hierarchized structures could improve the morality of both the rulers and the people. So, a Confucian democracy focuses on the following aspects: tight regulations, well-structure hierarchies and the importance of the community. It is more people-centred than a democratic approach and ensures a better structure and tighter regulations than a Confucian approach.

Even though the Chinese government has come to realize in the recent years that healthcare conditions should not be dictated by the market, it is still struggling with the question how the government should intervene to let the health care system function as soundly as possible within its market system. Even though many improvements have been made from 2009 onwards and even though premier Li Keqiang is very much aware that real progress can only be made in the case of better interoperability, the Chinese government has mostly focused on improving the quality of health care services, and not so much on harmonization. A unified approach – that is, a Confucian democracy – can solve current problems in the Chinese health care system because it will make Chinese officials more aware that they should use the hierarchization of the institutional framework and a rule of law as means to make the Chinese health care system more people-centred.

Concrete policy-recommendations are improving supervision in the healthcare system, improving the communication between different tiers of the healthcare system and rewarding physicians for the quality of their medical services and not for the amount of services. The healthcare reforms in Taiwan show that this can improve the quality of healthcare.

Further research can delve deeper into the question how the rule of law could best be reformed so that it can be brought in line with a people-centred approach and the imperative to harmonize the institutional framework.

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