Managing Social Work and Health Care in Europe in East/West Perspective

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The methodology according to which social and health services are to be managed should in a technical sense be independent of the geographical or political contexts in which this takes place if one defines management as the means for the most efficient use of limited resources to achieve predetermined objectives. However, the fact that "management" as a concept and a practice did not exist in former communist parts of Europe, or at least not in the form in which it is being practised today, gives a first indication that in addition to the technical and instrumental aspects of management there are indeed context and normative factors to be considered when investigating the specific, and with that the most appropriate forms of management in which it is to be delivered to social and health services. These references to context, to framework conditions and to processes of change and adjustment are indeed not indicators of a conceptual weakness or methodological inconsistency but, on the contrary, they are meant to highlight a vital dimension of management that a purely technical perspective does not reveal.

While the impact of one profound historical transformation, that of the year 1989 on the forms and functions in which the well-being of societies in Central and Eastern Europe (CEE) was thereafter secured was particularly stark and dramatic, from a historical perspective we have to also consider that these changes were also associated with the direction welfare services in Western European countries took. This means that management practices in all parts of Europe were established in historically and politically fluid situations and are being continuously shaped by a variety of different principles which shall be explored here in overview.

Management concepts found their way into public services gradually and with considerable time lag in the different states of Western Europe. Their introduction was not unproblematic since this occurred at a time that has been described as the "crisis of the welfare state" and therefore out of a certain necessity. This crisis in turn resulted from the impact of three interconnected developments: Most welfare state models that developed after the Second World War were based on the assumption that they would not only provide a safety net for citizens in vulnerable phases over their life-cycle, but that by strengthening the well-being of citizens good social and health services would contribute to full employment and thereby again keep the economy in a healthy state so that it could finance a high level of welfare. But full employment never happened, the poverty gaps in society were never eliminated and the demand on welfare payments and services could hardly keep pace with the dis-welfare created by a profit-oriented capitalist economy that rationalised its production processes and drove up unemployment. At the same time, the expectations of the population of being protected against social risks grew with the success of the welfare system which led to ever increasing costs especially for the health services. And thirdly, the first vestiges of globalisation through the steady abolition of tariffs brought national economies into more direct competition with low-wage (and low welfare) countries and enforced the trend by governments to ensure competitiveness by reducing taxes and hence also public expenditure.

Management in the commercial sense means supervising and steering a production process in such a way that it achieves set goals with maximum efficiency and at the least costs. The figure of the manager was a defining reference point for the success industrial enterprises showed in the decades after World War II. First attempts at transferring these guiding principles and corresponding practices to the public service sector however confronted the fundamental question whether public goods could be treated basically like commercial goods and services with measures of cost efficiency through rationalisation of production processes and supply chains and references to customer satisfaction. The similarities between commercial and public steering instruments were posited ideologically by governments following the neoliberal trajectories established under Margaret Thatcher in the UK and Ronald Reagan in the USA. Their aim was to reduce financial liabilities and political responsibilities of the state in favour of building on the “self-regulatory potential of markets” and to therefore outsource and eventually privatise public services wherever possible to an ever-increasing degree, thereby also creating capital for the state budget from the sales of national services. The first institutions to be transformed in this way were services that had de facto a national monopoly position like telecommunications and energy supplies and as a second phase public transport. These changes not only transformed the relationship between the service provider and the customer in the sense that the latter was offered a choice between competing service offers, with the declared promise of reducing the cost to the consumer through such competition, but also the relationship between employees and their employers in these services. Privatised entities, from the objective of cost minimisation, did not honour habitual work practices or employment contracts with all the securities public employees had achieved, and instead introduced both an incentive for employees to increase their income if they boosted productivity and efficiency and a threat in the form of job insecurity if the organisation failed. The function of management, which had never been totally absent from previous organisational models, assumed increasing importance and a central role in steering complex processes that amounted to constantly relating demand to the ability to supply. The management measures which were transferred from private enterprises to public institutions was termed New Public Management (NPM) and consisted of the decentralisation of frame-budgets, the setting of measurable productivity and achievement targets and a quality assurance system to link the various elements.

The introduction of NPM systems changed relations at all levels, even where its introduction was seen as a political necessity. It did not sit easily with some political systems, such as those of Mediterranean countries and France and Germany where scepticism concerning its impact on existing relations between politics and administration delayed its spread. But eventually the pressure of globalisation and the accompanying search for savings in public expenditure suggested a turn to the “logic” of efficiency through management, albeit in various forms depending on the prevailing traditions of political culture.

These changes in public administration towards the more central use and function of management triggered and at the same time were made possible by a new way of conducting politics, and the wider use of management principles and processes in turn altered again the nature of politics (Clarke & Newman, 1997). Politics itself became more “business-like”, which means focused on demonstrable “productivity” in the form of voter-drawing short-term achievements and responses to “popular demands” instead of pursuing longer-term visions. All this was often framed as a necessary step towards the “modernisation” of what was seen as antiquated forms of bureaucracy and administration and consequently also of politics so that the adherence to traditional “camps” gradually gave way to a pragmatic-opportunistic party landscape in which it was difficult to distinguish Left and Right on principles. From another perspective, one can also talk of the “de-politicisation of politics” (Flinders & Wood, 2014) whose gradual effects took hold of governments and countries of all political shades. As Christensen and Laegreid observed in relation to Norway, “the distance between political leaders, on the one hand, and the actors, institutions and levels to be controlled, on the other, is increasing, and autonomy from political leaders is more evident. The new administrative and institutional actors are less loyal than in the traditional system, more instrumental and individually oriented, and less preoccupied with collective interests, public accountability and ethos” (2001, p. 304).

Since the advantages of privatisation were politically advertised as providing more choice to the consumer as customer, the voice of the service user became more important in the new steering mechanisms, but this voice had to be set also in relation to the voice of other stakeholders who represented a new layer of organisational influence over the direction a service was taking, whereby the definition and identification of stakeholder became problematic and fuzzy in the case of public goods that could not achieve commercial profit and produce shareholder bonuses.

The introduction of public management principles was accompanied by a process of decentralisation which transferred responsibility for service delivery – and hence of budgeting – to "smaller units" right down to municipalities with wide -ranging effects, as Barberis et al. (2019, 965) observe:

> "Market-related policy instruments are increasingly "normalized" as resources for urban governance. This affects the role of public institutions, private actors and NGOs through territorially based public–private partnerships and inter-organizational networks that are regulated as quasi-markets."

This indicates that the combination of new political priorities and the wider use of management principles and skills implied also a change from government to governance (Bifulco, 2020) in as much as responsibilities for the outcome of interventions became dispersed and "passed down" from higher levels of elected and representative government to stakeholders in the form of private institutions, investors and consumers, each influencing the course of developments on account of their interests in the project which involves them in "governing", while managers have to find a more explicit mode of "steering" that combined the often conflicting interests efficiently. Politically, this type of reform was used not only for cost-saving purposes, but also for the purpose of delegating political responsibility and especially political "hot potatoes" to "the periphery" or indeed to entities operating quasi-autonomously according to "technical" specifications which rendered the political intentions behind them obscure or indeed put up a barrier against users as citizens claiming their rights from political institutions on account of the delegation chain. Decisions and priorities were portrayed as being driven by "facts", experts and scientists were more enlisted into what used to be decision-making responsibilities of politicians, and particularly after 1989 one economic theory determined much of neoliberal politics which led to the motto, "there is no alternative" (TINA). Particularly when the decentralised or contracted entities had to operate on a restricted budget the blame for inadequate services probably resulting from this shortfall could be deflected from politicians to "inefficient managers" who were now placed into the position of buffer between politicians and customers (Pollitt & Bouckaert, 2011).

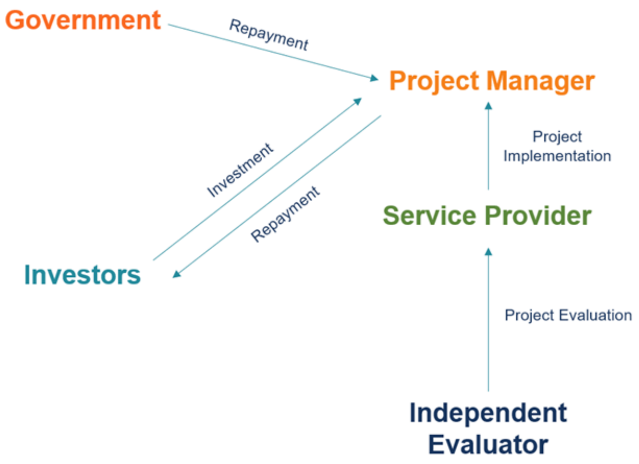
Apart from the market metaphor that framed NPM, there were also political references to "subsidiarity" to legitimate the simultaneous trend to decentralise. Subsidiarity expresses the principle that all human services have to be generated organisationally as closely to the user as possible so that preference should always be given to the smallest unit capable of delivering the service. This means in the first instance informal organisations like the family or the neighbourhood, but also community organisations, religious organisations and the entire Third Sector all have the role as primary "care givers". Only if their capacities are insufficient to deliver the service required is the higher order organisation, e.g. the municipality, the province or region or ultimately the state or now even the European Union entitled to step in with providing such services. In the original version of subsidiarity, as conceived by the first German Chancellor, Bismarck, the relationship contained in the principle of subsidiarity was bilateral in as much as it included the obligation by the higher order unit to give sufficient support to the more immediate one in order to enable it to perform its role properly.

The public-private partnerships could also comprise commercial enterprises and this not only in the area for instance of construction, but increasingly in matters of welfare service delivery. Indeed, since the 1980s the original neoliberal zeal of the reduction in public expenditure was somewhat dampened, with the warning of lesser an organisation than the World Trade Organisation that eventually costs to the state would rise when welfare was neglected below a certain level, so that social policies since then gradually turned towards what has been call the “social investment state”. In Europe this concept was taken up by the EU “Lisbon Strategy” of 2000 which defined the course of European integrated economic, educational and social development in a manner that prioritised economic interests. Some countries came to even experiment with “social investment bonds” or “social impact bonds” (Wohlfahrt, 2018).

The early phase of the introduction of NPM affected the various kinds of services in different ways. One could say that after the commodities the first welfare service to be brought under this regime was the health service with the UK giving a lead when a quasi-market system was introduced into the National Health Service in 1989, followed by social services with education services probably last, and here primarily the university sector and less the schools. In the course of the 1990s it also became clear that the promised “self-regulation” in terms of the fair distribution of previously nationally owned goods through privatising and market mechanisms did not happen “automatically” and called therefore for a greater role of management principles to consider the interests of all stakeholders. Furthermore, the accountability of public services managed according to criteria of budgetary efficiency did not happen and quality outcomes came to vary considerably. This observation led to a growing emphasis on external control and audit (Dent, Chandler & Barry 2004) and with that to the question of how to define, measure and ensure quality in public services. It is one thing to control the regularity of financial flows within organisations and their use according to previously signed contracts, it is quite another thing to gauge the actual value of a service rendered in terms of outcomes so that budgets could be constructed and financed in the first place with a view to enabling for those goals of a quality service to be reached.

To address this issue the concept of “social investment” was taken up first by the UK in 2010 and subsequently by other countries through the already mentioned “social impact bond” approach. “The purpose of social impact bonds goes beyond its financial component. The securities are intended to help align the interests of different entities – including governments, investors, social enterprises, and the general public – to develop effective solutions for public-sector problems.” https://corporatefinanceinstitute.com/resources/knowledge/trading-investing/social-impact-bond/ accessed 25.5.2020. In other words, social investment models try to eliminate the ambiguities of quality criteria contained in contracting and shift the emphasis and the criteria to measurable outcomes (Wohlfahrt, 2018).

Instead of financing the services of a contracted-out agency, be that a for-profit or not-for-profit organisation, with this approach the public entity, state or devolved unit, no longer operates in terms of a continuous service but identifies an issue that has to be addressed and resolved as a project, which might then issue into some form of continuity. But the decisive point is that in order to arrive at the desired goal the public entity raises money as a kind of “venture capital” from private investors who will be repaid if and when the project is successful from the money saved through this model, which obviously implies a considerable risk. But in terms of management aspects, it falls to project managers to steer in the direction of the intended success in their own interest (because their pay is linked to goal achievement) and in the interest of the investors. The crucial element in this model is the role of an independent evaluator who “completes the assessment of the project’s success based on the predetermined metrics.”



https://corporatefinanceinstitute.com/resources/knowledge/trading-investing/social-impact-bond/.

What is interesting and relevant in this context is that the changed European and national social policy frameworks have a direct impact not only on the way social and health services are being managed but on the way the service delivery framework transforms the definition of social problems. When within a "traditional" capitalist social policy framework the aim was to deal with life contingencies that can affect all citizens area by area (health, education, unemployment, old age for instance) and where redressing those areas of need or vulnerability aims at achieving a greater degree of equality in a society, protecting people <u>from</u> market risks, the social investment state policy addresses people as individuals that have to be activated to play their role <u>in</u> the market (Ronchi, 2018).

Variations in political culture and traditions

Nevertheless, as has been observed by Kickert (2005), the different European states have very distinct approaches to public management due to their particular traditions of administration related to their forms of the state, and this creates interesting dynamics in relation to the pressure towards convergence exercised by the European Union but also more generally by the process of globalisation. The countries Kickert reviewed, France, Germany and Italy, seen as the most legalistic states in Europe, share a tradition of a liberal state based on rights ("*Rechtsstaat*") which however was established in the course of a whole series of revolutions in modernity, which at each step demanded corrections to the tendency of administration to fall back on previous authoritarian principles that denied citizens their full rights. "Administrative action should henceforth be based on constitution, laws and regulations" (Kickert, 2005, 540) and serve solely their correct application. This gave the process of administration a primarily legal orientation and the emergent bureaucracy required to be trained in law primarily and fulfil its function impersonally. In the case of France for instance this resulted in public administration becoming very unwieldy and in the 1970s reforms were introduced that already pointed towards managing this bureaucracy more in the interest of citizens and making it more accessible and transparent through measures of decentralisation. But only the following economic recession and budgetary crisis created real pressure for more efficiency for which privatisation and deregulation were regarded as the appropriate measures. Interestingly it was the socialist government under prime minister Rocard that in 1989 realised fundamental reforms that "consisted of the following cluster of micro-reforms: '*cercles de qualite*´' (similar to total quality management), *'projets de service'* (increase of managerial autonomy for executive agencies) and '*centres de responsablite*´' (management contracts between ministry and agency, plus client orientation)" (Kickert 2005, 544/5), all taking up core principles of NPM. This was followed in subsequent reforms that brought about the 'regulating' state that devolves its operational executive tasks to independent bodies.

By contrast in Germany, the "*Preussische Obrigkeitsstaat*" (Prussian authority state) had a strong influence on the orientation of public administration until the post-Nazi democratisation set it in the citizen-controlled direction of the "*Rechtsstaat*". These new policy principles were characterised by their emphasis on a social market economy (*Soziale Marktwirtschaft*) and their corporatist application of subsidiarity running through the federal state construct. Here as in other Western European states the fiscal crisis initiated a reduction of administration in the 1990s towards a "slim state" (*Schlanker Staat*) with the corresponding reforms in administration which were in any case necessary after German unification in 1989.

In Italy the state bears still other traditional characteristics, those of a continuous tension between attempts to centralise and control the affairs of the entire territory after unification, symbolised by the Fascist dictatorship, and the strong desire for autonomy not only of the provinces but of the individual citizen who holds a basic mistrust in the state. The relationship between citizens and the state is characterised by an abundance of laws and legal regulations on the one hand and a highly creative repertoire of modes of avoidance and resistance against them developed by individuals, clans and most evidently the mafia. Consequently the political interference in administration is enormous leading to further inefficiencies on account of attempts to create more and more jobs for political supporters and to widespread corruption. This renders the entire state bureaucracy practically impervious to reform and orientation towards efficiency and the only major changes were the strengthening of local and regional government in the late 1990s .The dominance of a tradition that regulates by law thwarted most attempts at introducing economic criteria of efficiency-management as these control measures could always be challenged in court when procedures were not strictly consonant with what the law (in the interpretation of lawyers) prescribed (Panozzo, 2000).

From these observations concerning differences in the reception and formation of approaches to public management in Western European countries owing to the distinct political cultures, it can be assumed that while the post-communist era in CEE countries was dominated by the sudden and comprehensive introduction of capitalist market economies which necessitated corresponding changes in public management in order to make those countries competitive and also to bring those wanting to join the EU in line with public financing principles and criteria, there are nevertheless traces of distinct political traditions to be found in those countries, too, which account for differences in the adoption and interpretation of NPM principles. In these countries a certain degree of "path dependency" has manifested itself in the course of history which Communism was unable to level or eliminate. Differences in attitudes of public administration can be traced back for instance to the centralising influence of the Orthodox Church in most of the Balkan states or the rights-oriented Hanse influence on the countries bordering the Baltic Sea and the experience of the Habsburg Empire in much of Central Eastern Europe with its administrative system. The influence Communism exercised on these countries uniformly however aimed specifically at realising an alternative to the capitalist free market in the form of a planned economy in which fixed targets were formulated by the Party Congresses which had to be achieved whether in industry or in social development. Inefficiencies which the system inevitably produced were either covered up or dealt with by severe penalties for those who were supposed to have caused them, particularly in the Stalin era. After his death, more flexibility became possible in the various countries of the Soviet Block but this also meant that inefficiencies were a constant challenge to the system, above all while in competition with the capitalist West during the Cold War period.

> "Governments in some countries (including the Soviet Union) initiated series of economic and administrative reforms. Their major goal was to make a distinction between political leadership and technical management of economic and social issues. In some cases, discretion was given to technocrats to challenge even basic principles of the socialist economy and introduce elements of the market system into some minor sectors. Accompanied by such factors as economic growth and social development, increase in educational level of administrators, generational change, and change in the mode of Communist state legitimation (shift from revolutionary mobilization to a form of welfarism), these reforms to some extent changed the administrative context in the Communist countries" (Liebert, Condrey & Goncharov, 2013, 4.) .

After more thorough reform attempts in East Germany, Hungary and Czechoslovakia had been brutally suppressed, reform of the public administration system within Communist countries was always overshadowed by the threat of military interference because of the central ideological importance of maintaining public ownership and party control. But economic inefficiencies of the ideological planning system necessitated a series of reforms, most notably in Yugoslavia and in Hungary where processes of devolved decision-making in the production of goods in matters of the distribution of public resources were introduced even before 1989 with the aim of creating a distance between producers and the bureaucracy (and the implied political interference). In the Soviet Union itself the last president, Gorbachev, attempted to salvage the Soviet economic system by "perestroika" with the aim of liberalising the command-bureaucratic system in the direction of more autonomy for single entities of production and hence a degree of competition as a measure of cost efficiency. Yet the reforms came probably too late and their failure led ultimately to the collapse and fragmentation of the Soviet Union.

In terms of public services and particularly the health infrastructure (there were practically no officially designated social services within the socialist ideological framework which was based on the assumption that all social problems had been structurally eliminated), the Soviet system had been characterised by 5-year and yearly planning periods and rigid central control in pyramidical structure over ministries of the 15 republics down to health boards which in turn form part of the Executive Committee of a regional or local Soviet. "Although they are technically independent of the health ministry of their republic, their power is limited because they depend on the central and republic governments for their funds. In theory, the local boards were to be the people's voice in directing and managing their health care. In reality, local health boards have become passive intermediaries in the distribution of funds from the republic government to local medical institutions" (Rowland & Telyukov, 1991: 77). Considerable resources were allocated particularly to this sector in terms of personnel, not least in competition with Western health systems, although this never brought up the level of disease and death control to that of the USA (WHO, 1991).

While some of the problems arising from the centralised planning system were particular to the vast territory of the Soviet Union, other communist states were also affected by some of the underlying discrepancies between the health system's supposed ability to anticipate and resource demand and the actual health needs of the population on account of the predominant use of quantitative rather than qualitative indicators. The systems were additionally affected by poorly maintained and equipped facilities and low-paid and inadequately trained and hence poorly motivated personnel (Rowland & Telyukov, 1991). In the Soviet Union, Gorbachev's "glasnost" initiatives introduced a series of reforms which interestingly point in the same direction of changes in public administrations in Western countries being introduced at that time. They amounted to a degree of decentralisation from Federal level to that of the republics, a limited introduction of co-financing of health services through work-place "enterprises" and user contributions and some experimentation with types of non-profit insurance to incentivize provider participation. In other countries, notably communist Czechoslovakia, the health service had already seen less of the authoritarian state interference than other public services (Matoušek & Havrdová, 2020) but this by no means amounted to an orientation towards efficiency and user participation in planning.

Developments after 1989

Of course, after the effective end of centralised socialist governments in CEE countries, the introduction of democracy to Western criteria and the switch to a market economy, whose promised freedom had been one of the major incentives of the civil society protests that had precipitated the revolutions in those countries, initiated also fundamental reforms of the public administration system. Reforms in line with the EU's "Lisbon Strategy" that demanded the efficient and sparing use of public financing became a central demand for the accession preparation of those countries eligible for application but became also a motor for foreign investment. For example in the case of Hungary, this led to the gradual introduction of NPM measures, with the emphasis in the 1990s on improvement in the quality of law-making geared towards anticipating impact more accurately and later on specific issues of quality and citizens' satisfaction as well as downsizing of public institutions (Liebert, Condrey & Goncharov, 2013).

Nevertheless, a degree of "path dependency" was noted in the case of certain sectors of public social and care services in the form of authoritarian, top-down "regimes" prevailing particularly in residential institutions where staff had been socialised in communist circumstances and where therefore a great deal of resistance is to be found against democratic, quality- and client-oriented practices (e.g. Lithuania: Buzaitytė Kašalynienė, 2020).

Post-communist countries experienced rapid, sometimes oscillating and "experimental" periods of transition to management in public services in the decades after 1989 and there are only broad overall trends discernible, in parallel however with such uneven turns of events in Western European countries, and there are many national variations and modifications depending on financial and particularly on political-ideological conditions, particularly since the rise of populism in many countries has made welfare in general an easier political instrument to manipulate in one direction or the other than the economy itself. This has been demonstrated most dramatically in the Covid-19 pandemic when countries that had previously followed explicit neoliberal policies of privatisation and cost reduction in health services rigidly, suddenly were forced to adopt massive public funding measures to stave off further damaging effects to the population's health and hence to the economy.

The variations that manifested themselves in both Western and Eastern countries reflected to an extent their distinct political histories, as indicated above, but were also reactions and adjustments to the many and complex factors impinging on the quality and efficiency of service delivery which demonstrate more and more the fundamental differences between private and public goods. The precise model of management that resulted above all in areas like health, education and social services reflected the polarising tensions between

- universal public and individual private interests,
- centralised political control and regional or local devolution,
- social and economic priorities,
- broadly-based prevention and specialisation on acute situations of need,

- comprehensive notions of well-being and technical, solution-focused approaches to care and health needs.

Within these force-fields, different models of management and within them different value orientations are differentiating. For instance, in the Czech Republic,

> "as a reaction to increasing budgetary deficits and inadequate accountability mechanisms in the newly established regional hospitals, several regional governments have chosen to convert the legal form, and thus the management structure, of their hospitals from so-called 'contributory budgetary organizations' to joint stock companies, which predominantly remain in regional ownership. 'Contributory budgetary organization' is a Czech form of not-for-profit legal entity established to perform tasks in the public interest" (Alexa et al. 2015, 25).

But the complexity of the task is also contained in the formulation of national strategies, as the same Czech example shows where the Health 2020 (*Zdraví 2020*) strategy included the following set of goals: "to promote sustained solidarity in financing health care, to strengthen the role of patients, to foster patient safety, to improve fair competition among health-care providers and health insurance funds, to define entitlements of insured individuals in a systematic manner, to encourage health prevention efforts, and to improve the quality of care" (Alexa et al., 2015: 134) – all worthy goals but all depending on political will for their realisation, their financing and their administrative realisation.

Management in public services – neutrality or ethical commitment?

In terms of auditing the effects in order to achieve the defined objectives of these new management concepts and strategies, Pollitt and Bouckaert (2011, 86) identified 3 broad phases in the overall international scene: "The first stage is that of traditional financial and compliance auditing. Here the basic concern of the auditor is with legality and procedural correctness... The second stage is to add investigations of some performance issues but still staying close to financial issues. … The third stage is the development of full-blown performance auditing as a distinct activity, often with a separate unit or section of the national audit office to develop performance auditing expertise. Full-blown performance auditing may still be concerned with financial issues (economy and efficiency) but it may also move on to look at non-financial performance".

Ultimately, the question concerning the role of management within health and social services is whether management is merely a neutral, technical function to achieve goals set by stakeholders of an agency, or whether managers have an active role in realising overall goals that are oriented towards values and norms derived from some form of common good.

To this latter aim, it has been found to be not only more appropriate but also more effective in the long run to arrive at goals and at criteria for the evaluation of their achievement in participatory processes, involving both the professionals of an agency and also the users as customers. This does not resolve the fundamental dilemmas contained in the management of public services, particularly with regard to the protection of minority and vulnerable groups (Barberis et al. 2019), but it at least renders the conflicts that arise in the process more accessible to public and professional scrutiny and fosters therefore the learning of democratic processes at a basic level, which is currently weak in East and West.

Involved in these change processes towards new administrative practises is also the question how they affect the understanding of professionals working within these new parameters. There is an acute debate on whether the imposition of management functions, either in the form of managers as directing the professionals or in that of delegating management functions to the professionals themselves, changes the nature of professionalism so fundamentally that core principles of professional practice get lost, or whether on the contrary the incorporation of management competences into “traditional” professional skills repertoires helps to realise those skills more effectively in a political and economic environment that is ultimately inimical to those professional responsibilities. This alternative can also be resolved by an understanding of management as an ethical commitment that therefore combines in whatever organisational form with the corresponding professional commitment, which is to deliver the best possible service in the interest of the client.

The current global health crisis will be a decisive test for the future direction of such developments.

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