Topic of the series

Trust and Solidarity in EU Health Governance
We invite authors to use the concepts of trust and solidarity as an analytical/empirical lens or as normative organizing principle in assessing the immediate present and near and further future of EU health governance, broadly defined. What do solidarity and/or trust enable us to see and do that we could not see or do without these concepts? We welcome contributions relating to a broad range of issues and topics in EU health governance, including public health (risk regulation, food, chemicals, communicable diseases, etc), to access to medicines and medical devices, to the organization of healthcare systems, institutional and inter-personal aspects of medical care provision, and in the context of digital health care, artificial intelligence, and personalized/precision medicine.

Trust and solidarity are fundamental to the governance of health and healthy living environments in Europe and globally. Patients must place their trust not only in those professionals who directly provide care, but also in a range of mediators (eg. health facilities, medical product regulators, the business sector). Trust in (trans)national lawmakers, regulators, inspectors, and private industry is essential for us to meet our basic health needs and to enjoy our human rights. Solidarity, in turn, is a critical component of policy interventions for the protection and betterment of public health (eg. to reduce hormones in the food chain), and for safeguarding individual health (eg. cross-border healthcare).

a. Solidarity in public health and health care
Solidarity in health is expressed via formal or informal practices and policies of mutual support; It often entails and articulates a (moral or formally institutionalised) commitment to help those in need, even if we do not know the people who we are supporting. The donation of blood in this regard is often cited as how – in the context of shared risks and human suffering – solidarity is a driving force for societal organization. Particularly when there is an emergency, people are keen to help out and solidarity is widely seen as more acceptable than self-help.

Solidarity in health is multifaceted. In bioethics, solidarity has a long history; it has been used particularly in the context of public health (as opposed to health care/medical care) to justify state interferences such as quarantines or mandatory medical examinations and vaccinations, i.e. the enforcement by public authorities of necessary collective action, which can be understood as a demand of solidarity. When it comes to resource allocation for access to medical care and medicines, solidarity also forms a key principle and value: here, it justifies mechanisms of insurance, redistribution, planning and rationing, to ensure access to medicines and services that are needed to promote and protect human health as part of the welfare system. The implementation of this notion of solidarity in the organization of public health and health care systems is key to ensure equal access to medical and preventive care, as well as 'universal access', in all EU Member States.

b. Trust in health care and public health
Trust, in the field of health care and public health is a foundational principle that refers to a relational practice of health provision and organization. Trust means that one is willing to rely on another person or institution to protect one's interests. But also outside of rational,

calculating impetus for behaviours and believes, trust can be seen as relational, particularly when we care to build enduring relationships, such as between life partners and parents and children. Secondly, trust can refer to a cognitive notion, such as 'knowledge', 'belief', or' judgement'. Lastly trust refers to competence, in that there is a belief by the trustor that the trustee has competence to do what they are trusted to do. Trust has been conceptualized in various disciplinary discourses, from political philosophy, sociology, psychology, and law. In law, social norm and practice can justify trust. In contract law for instance, the offer and acceptance, and the public enforcement of promises are seen to justify trust in contracts. In a normative sense in bioethics, and law and policy then, 'trustworthiness' is usually seen as a precursor for trust. Trustworthiness – or for the assessment of placing trust in institutions or people intelligently – we must focus on evidence of honesty, competence and reliability.

In bioethics and health governance generally, trust is an important objective and guiding principle for policy and in regulating the behaviour of medical and public health professionals. In the field of health inequality in knowledge and resources are a given. In the face of disease and infirmity, patients are seen as vulnerable, and dependent on public and medical institutions for access to treatment and care. Access rules, grounded in solidarity-based healthcare systems, thus provide confidence through public authority. But at an interpersonal level of healthcare, relational aspects also play an important role. For healthcare systems to be effective, patients also need to trust in the public systems that regulate the competence and effective operation of healthcare providers (personal and institutional). Important legal and bioethical principles of dignity, informed consent, autonomy and privacy/data protection, embodied in practices of shared decision-making that take account of knowledge gaps between patients and professionals, also operate to secure trust.