INOVAREA ÎN SISTEMELE MEDICALE NAŢIONALE ŞI ROLUL FACTORULUI POLITICO-LEGISLATIV DIN PERSPECTIVA PARADIGMELOR CULTURALE LOCALE. PARTEA I

INNOVATION IN NATIONAL MEDICAL SYSTEMS AND THE ROLE OF THE POLITICAL-LEGISLATIVE FACTOR FROM THE PERSPECTIVE OF LOCAL CULTURAL PARADIGMS. PART I

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Abstract: The paper examines the importance of cooperation between decision makers - government actors and private actors - economic agents in the pharmaceutical, medical devices and equipment industries in order to create and implement innovations in the health system and captures the influence of local cultural characteristics on the impact of the adoption of medical innovations, with a focus on the pharmaceutical industry. Theoretical models of organization and functioning of the medical system have been identified: liberal, universal, corporate, which correspond to three models of relationship between public and private actors: independent, divergent, convergent. Three developed countries are approached, representative of the three models of medical systems - the United States, the United Kingdom, Germany and then 4 other states that stand out for their specific efforts to combine the social component with the economic one: Japan (autonomous model), China (centralist model), India (dual model), Brazil (systemic model). The cultural characteristics are illustrated with the help of the model of the 6 cultural dimensions of the social psychologist Geert Hofstede: power distance, individualism / collectivism, masculinity / femininity, uncertainty avoidance, long / short term orientation, indulgence / constraint.

Keywords: medical innovation implementation, healthcare system, liberal model, universal model, corporatist model, Hofstede's 6 cultural dimensions, social dimension of healthcare, economic dimension of healthcare, medical industries, social solidarity