

The Eternal Battle between Ideology and Expertise

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In politics and policymaking, controversies and conflicts arise often. The term denotes situations where even knowledgeable, rational, and sincere actors struggle to resolve an issue purely by examining the available expertise. As a result, decisions are often made by resorting to ideology.

This analysis develops a theoretical framework examining the relationship between ideology and expert knowledge and applies it to three cases in the Slovak healthcare sector: abortion policy, regulations on blood donations by gay and bisexual men, and drug policy.

This paper demonstrates that a disproportionate emphasis on ideology in policymaking can lead to adverse consequences. The final section discusses the notion of political decentralisation and argues that it is an effective tool to counter or mitigate the negative consequences of ideological policies, enhance the marketplace of ideas, improve feedback loops between voters and politicians, and empower voters in their decision-making.

Introduction

Politicians have always had a love-hate relationship with experts in various fields. They are happy to invoke the expertise of experts as long as it fits their political agenda. Conversely, if it does not fit their narrative, they tenaciously seek to relativise or outright ignore the views of experts to maintain the legitimacy of their political goals and continue pursuing them. In democracies, this never-ending back-and-forth has historically been quite successful in fulfilling a dual role. On one hand, it – more or less – effectively carries out the will of the citizens. On the other hand, it also acts as a damper on political whims and extreme ideological proposals. However, when the usual balance between ideology and expertise is disturbed, various problems start to arise.

A few things need to be clarified before delving into the analysis. It is not the objective of this text to align itself with any particular side amidst the ongoing ideological debates in the modern western world. However, nor does it intend to promote or support technocracy. One of the benefits of democracy is that it brings a social and value dimension to public life that technocratic principles often neglect. In the same vein, the purpose of this text is to shed light on the adverse consequences that arise when ideology is excessively prioritised over expertise in the realm of health policy.

The first section, Philosophical Level, discusses the notions of expertise and ideology, exploring their interconnectedness in the realm of political decision-making. Subsequently, this theoretical framework is applied in the second section, Empirical Level, which examines three examples that demonstrate the repercussions of disregarding expertise within the context of health policy.

Philosophical level

The term ‘expertise’ typically does not imply unquestionable knowledge and truths that can be followed and applied at all times without exceptions. For instance, being an expert in economics does not mean that after graduating from university, one is given the key to a magic box with scrolls of ultimate economic knowledge. The acquisition and development of expert knowledge involve a complex, uncertain, and time-consuming journey in which experts engage in debates, challenge their ideas against those of their peers, and analyse existing research and data. Nonetheless, it is through this process, which is guided by predetermined rules, that the resulting knowledge strives to be objective and precise to the greatest extent possible.

Ideology, on the other hand, is a set of ideas and opinions. It may be based on certain scientific knowledge, but often it is a set of ideas whose emergence is conditioned and influenced by the cultural and historical context, the social environment, family, and the educational system, or they simply result from individuals’ personal preferences. When defined in this manner, ideology often serves as a guiding principle in political decision-making. In politics, which is defined as deciding ‘who gets what, when and how’ by political scientist Harold Lasswell (1936), there is an inevitable need to decide on so-called political ‘controversies’ (Schön and Rein 1994: 4). These controversies denote disputes that cannot be resolved solely through a re-evaluation of the facts. Even well-informed, rational, and sincere actors may find themselves at odds in political controversies. Their disagreements may stem from differing perspectives on which facts are relevant to resolving a particular issue or they may interpret the same facts in different ways. In such circumstances, where facts fail to provide a definitive resolution, decision-making based on ideology and the arguments derived from it is often the natural outcome.

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Nonetheless, in the context of political controversies, even actions driven by ideological motivations have limitations. Or rather, they should have them. Actors propelled by ideology often exhibit selective attention, constructing narratives that align with their worldview. It is worth noting that the term 'narrative' as used here does not carry a negative connotation. Rather, it refers to a particular framing of the world that is, more often than not, intellectually honest. However, if these narratives start to get too close to the extremes of the opinion spectrum, at some point they will clash with society's perception of reality. While the latter is broad enough to allow political controversies to exist, it also establishes certain boundaries. Crossing these boundaries undermines the credibility of the actor and diminishes the seriousness with which their views are regarded. These limits are largely defined by human rights, principles of logic, and similar factors.

Now, let us return to the role of expertise in political controversies. The fact that facts – or expert knowledge – are often insufficient to unravel an issue should not render them useless or subject to dismissal. Indeed, expert knowledge enables us to understand not only the impacts of a policy but also the scope of those impacts. Understanding this scope is crucial in assessing whether a policy remains acceptable or if its consequences have already surpassed the limits defined by society. When expertise is ignored, these limits are often crossed, which can lead to socially undesirable or unintended consequences in the long term.

Empirical level

The philosophical debate surrounding the disruption of the equilibrium between ideology and expertise extends beyond theory and finds its manifestations in the real world. Some politicians, rather than critically analysing and engaging in expert discussions, choose to disregard expert knowledge altogether in pursuit of their ideological objectives. Consequently, this disregard leads to a deterioration of real-world circumstances. Few examples illustrate this decline as starkly and swiftly as the realm of healthcare.

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The terms 'health' or 'health sector' encompass a broad scope of interpretations, leading to potential confusion. In this text, we understand these terms as a range of variables, spanning from concrete and objectively quantifiable factors – such as the number of hospital admissions within a specific timeframe – to those that are objectively definable yet challenging to measure – such as life expectancy at birth. Additionally, it includes subjective aspects that are inherently difficult to gauge such as individuals' perceptions of their health status. Understanding the values of these variables allows us to grasp the impact and magnitude of policy decisions.

Certain fluctuations in these values, whether positive or negative, are bound to occur and are often deemed acceptable by society when they come as part of a trade-off perceived as beneficial by it. However, when a particular variable reaches excessively negative values, it should serve as a clear signal to politicians that the decision leading to this outcome is socially unacceptable, irrespective of any gains they may have achieved.

To illustrate this notion, let us consider a hypothetical scenario involving two departments within a hospital. Suppose one department is renowned as the country's best, characterised by exceptional case handling, comfortable patient conditions, and cutting-edge procedures. In contrast, the other department is widely regarded as the worst in the country, struggling to handle even a fraction of cases due to inadequate equipment and staff. If politicians were to redirect some resources from the high-performing department to the underperforming one, it is plausible that the previously well-performing department's performance may slightly decline, while the department receiving additional resources experiences an improvement. For instance, this reallocation could result in a minor decrease in patient comfort in the first department but lead to a reduction in mortality rates in the second department. In such a case, most individuals would likely view this decision as a beneficial move. However, if all resources were entirely shifted from the first department to the second, it would undoubtedly be an undesirable step. Such a drastic measure would likely result in patients facing fatal consequences in the previously well-performing department.

This scenario is, of course, oversimplified and exaggerated. In reality, issues are seldom as straightforward as solving them solely by monetary means; it is also crucial to remember that we live in a world of unlimited desires and limited resources. Nonetheless, this example illustrates how value can shift and emphasises that extremes are not desirable.

The interplay between policy decisions and expert knowledge, and its (dys)function, can be effectively demonstrated through three empirical examples. The first example pertains to the accessibility of abortion, the second revolves around the issue of blood donation by men belonging to the LGBT community, and the third focuses on the utilisation of drugs in healthcare.

Abortion

A large portion of the abortion debate unfolds on an ideological level, with proponents of stricter regulations or complete bans emphasising the rights of the unborn child's life. Conversely, advocates for greater abortion rights argue in favour of the pregnant woman's bodily autonomy. Each side can construct a philosophical argument that carries varying degrees of persuasiveness. However, this text does not seek to evaluate these arguments or their underlying premises, such as the extent of an individual's bodily autonomy or the moment when life begins.

Instead, the focus of this text lies in examining expert knowledge, specifically the empirical indicators that shed light on the ramifications of tightening access to abortion. By delving into the realm of empirical data and its developments, we can gain insight into the effects associated with more restrictive abortion policies.

Due to its political exposure, the topic of abortion has garnered significant attention not only from the general public but also from professionals. As a result, extensive research has been conducted on this subject. When examining the variable of access to abortion, it is important to note that it is not a binary one. Rather than a simple dichotomy between unrestricted access and complete prohibition, there exist various degrees of facilitation or hindrance in accessing abortions.

Any change in the complexity of abortion access will inevitably result in changes to the values of certain other variables. The subsequent paragraphs aim to identify relevant variables and analyse how they are influenced when abortion policies are tightened. By exploring these factors, we can gain insight into the consequences of restrictive abortion measures.

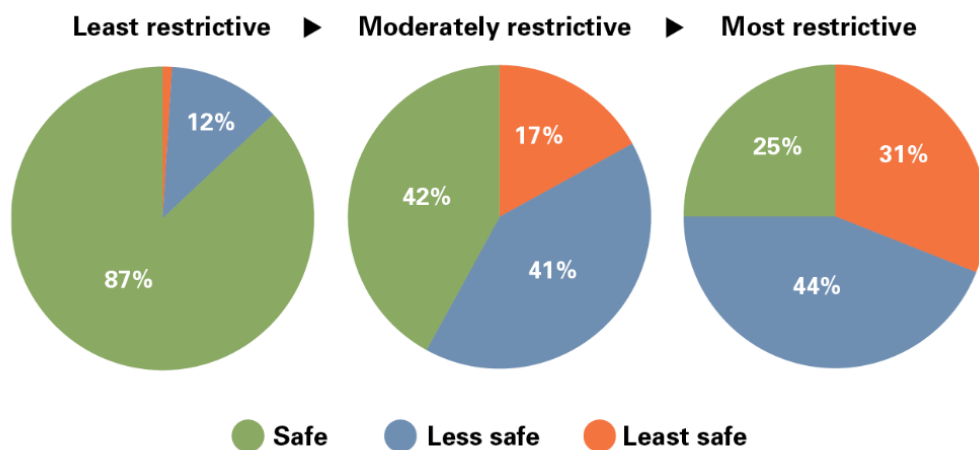
Introducing barriers to abortion access does not occur without unintended negative consequences. Dr Ana Langer, a professor at Harvard T. H. Chan School of Public Health, explains that making the procedure less accessible or banning it altogether does not eliminate the demand for abortion. For example, the authors of a 2021 study published in the prestigious scientific journal *The Lancet* found no evidence indicating lower abortion rates in settings where restrictive measures were in place (Bearak et al. 2020). This implies that the demand for abortion persists; it simply finds alternative means of fulfilment.

In the best scenario, women seeking an abortion may opt to travel to another state to obtain the procedure. The phenomenon of abortion tourism existed as early as the 1970s. In 1970, the state of New York repealed all laws criminalising abortion. Just two years later, in 1972, more than 100,000¹ women travelled to New York in one year to have an abortion, 50,000 of them travelling more than 800 kilometres for this purpose. And the phenomenon of abortion tourism persists even now. The state of Texas introduced a law in September 2021 that virtually banned most abortions.² In the months that followed, an average of 1,400 Texan women³ had an abortion in another US state each month. This figure is twelve times higher than it was before the introduction of the law, highlighting the substantial increase in abortion tourism prompted by restrictive legislation.

In the worst scenario, women seeking an abortion may resort to a variety of dangerous practices. According to a publication by the Guttmacher Institute (2018), there is a correlation between the stringency of regulations and the rate of safe abortions, with stricter regulations leading to fewer safe abortions on average (Figure 1).

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Figure 1: Proportion of abortions by the level of safety under differently stringent legislation. Source: Singh et al. 2018.



¹ 'The 200-year fight for abortion access', *The Cut*, 17 January 2017 (<https://www.thecut.com/2017/01/timeline-the-200-year-fight-for-abortion-access.html>).

² 'What banning abortion at 6 weeks really means', *Vox*, 1 September 2021 (<https://www.vox.com/22444100/texas-bans-abortion-6-weeks-supreme-court>).

³ 'Most women denied abortions by Texas law got them another way', *New York Times*, 6 March 2022 (<https://www.nytimes.com/2022/03/06/upshot/texas-abortion-women-data.html>).

In addition to the negative impact that unsafe abortions can have on women's physical and mental health, complications from unsafe abortion are responsible for an estimated 4.7 per cent to 13.2⁴ per cent of global maternal mortality. According to a study published in 2021, a complete ban on abortions in the US could lead to an increase in pregnancy-related deaths of up to 21 per cent (Stevenson 2021).

It is also worth noting that children born from unwanted pregnancies generally experience a lower quality of life compared to those born from desired pregnancies. A Prague study, which specifically explores disparities between children born from wanted pregnancies and those born after their mothers' abortion requests were denied twice, reveals this significant finding (David 2006). This research highlights the detrimental impact that unwanted pregnancies can have on the well-being and life outcomes of children.

While endeavours to protect life itself or enhance fertility are legitimate policy objectives that would generally be positively received by society, it is essential to deliberate upon the effectiveness and societal value of implementing measures aimed at achieving these goals.

Before 1986, obtaining an abortion in Czechoslovakia required approval from the 'district abortion commission' (idem: 182). If the request was denied, the woman had the option to appeal to the 'regional appellate abortion commission' (ibid.), whose decision was considered final. The author of the study utilised records from the regional appellate commission in Prague spanning from 1961 to 1963, allowing them to create a sample of 220 infants born to mothers who had been denied two abortion requests for the same pregnancy.

To conduct their research, the author paired each child from an unwanted pregnancy, at the age of nine, with a 'control child' (David 2006: 183) from a desired pregnancy, who was identified by the absence of the mother's name on the abortion application records. The matching process considered factors such as age, gender, birth order, number of siblings, and school. Moreover, the mothers were also matched based on age, socio-economic status, and family structure, including the presence of a partner in the household. The study then examined differences between children from wanted and unwanted pregnancies at regular intervals based on the pairs formed.

The level of differences between the two groups varied at different ages of the subjects – gradually increasing until the differences began to decrease around the age of 30, at which point the study was terminated. However, it is important to note that at all stages of development, subjects born from unwanted pregnancies consistently exhibited significant disadvantages in terms of psychosocial development. These disadvantages encompassed aspects such as poorer quality of friendships, lower job satisfaction, lower educational attainment, and other related factors. Notably, these disparities were particularly pronounced among individuals who were single children.

The overall lower average outcomes were primarily attributed to the absence of subjects from unwanted pregnancies within the highest-performing group, rather than their over-representation in the lowest-performing group. Subjects from unwanted pregnancies were also much more likely to become psychiatric patients in adulthood than their counterparts from wanted pregnancies.

The findings of the study align with similar research conducted in Finland and Sweden, as highlighted by the author. He argues that the findings support the claim that some women 'reject the role of mother' (idem: 187). Moreover, according to the social workers who conducted the research interviews, 'mothers of children born from unwanted pregnancies were emotionally cold towards those children' (David 2006: 187). Involuntary childbirth, according to the author, 'very likely had a negative influence on the mental health of the mother[s] and the family environment' (ibid.). Thus, involuntary births that occurred as a result of denying access to abortion ultimately had a negative effect on the mental health of mothers, which in turn increased the likelihood of negative psychosocial development in their children.

The results of the Prague study were one of the factors that led the Czechoslovak government to significantly liberalise access to abortions in 1986.

The variables analysed in this section offer valuable insights into comprehending the adverse consequences, including their magnitude, associated with tightening access to abortion. While endeavours to protect life itself or enhance fertility are legitimate policy objectives that would generally be positively received by society, it is essential to deliberate upon the effectiveness and societal value of implementing measures aimed at achieving these goals. Recent instances witnessed in Poland and certain states of the US as well as the efforts promoted by some politicians in Slovakia prompt a critical examination of whether these measures truly yield positive outcomes for society. Furthermore, it is imperative to consider the balance between the perceived benefits and the negative impacts on life and health, as articulated by experts. Such a comprehensive assessment is necessary to gauge the overall implications of such policies.

⁴ 'Four reasons safe abortion is critical health care', *Rescue.org*, 20 July 2022 (<https://www.rescue.org/article/four-reasons-safe-abortion-critical-health-care>).

Blood donation

Ideology can also work in other ways: instead of worsening the situation, it can act as a barrier to positive progress. A case in point is the issue of blood donation by homosexual and bisexual men in Slovakia. These men are denied⁵ the opportunity to donate blood if, in the questionnaire that donors have to fill in before donating blood, they indicate that they have had sexual relations with another man in the last twelve months. Many of these regulations stem from the 1980s when they were initially implemented⁶ as a response to the HIV and Aids crisis. However, in today's context, these regulations exhibit an ideological rather than scientific basis. Considering the advancements of modern society, they appear peculiar for several reasons.

Firstly, the current regulation encompasses men who are engaged in a committed, monogamous relationship with another man. Yet, the definition of such a relationship implies that the risk of contracting HIV – if neither man had tested positive for HIV before the relationship began – is virtually zero. This fact has been acknowledged by policymakers in the UK, who, in 2021, revised⁷ the regulation to permit blood donation from these individuals.

The second rationale revolves around the generally low risk of HIV transmission within western societies. According to French infectious disease expert and France's Directeur général de la Santé (director-general for health), Jérôme Salomon, the ban on blood donations by men who have had sexual relations with another man is currently unjustified.⁸ This is attributed to the enduring decline in HIV risk over the past decades, alongside the diligent oversight of health authorities.

The third rationale is the significant technological advances that have been made since the 1980s, including in blood testing technology. The benefits of this progress are being applied not only in the US⁹ but also in Slovakia,¹⁰ where all donated blood is tested for several diseases, including HIV.

These three arguments underscore the futility of the stringent regulations governing blood donation in Slovakia. However, strict regulations are not only futile, they can also have negative consequences. During certain periods, there is a heightened demand for blood and the supply may struggle to keep up. For instance, there is an increased demand¹¹ for blood every summer due to the increased injury rate and the greater number of road accidents that occur during this period. As blood cannot¹² be stored for long periods, even temporarily increased demand poses a problem.

The summer shortage of blood supply follows a cyclical pattern. However, health systems can also face unexpected external shocks, such as disease outbreaks or natural disasters, which lead to a sudden surge in blood demand within a short timeframe. The unwarranted exclusion of specific societal groups from blood donation exacerbates the vulnerability of the healthcare system to these events. By restricting the pool of potential donors, the system becomes less equipped to cope with unforeseen circumstances.

Slovakia – among other countries – has recently witnessed the impact of such an external shock firsthand in the form of the COVID-19 pandemic, which resulted in blood shortages in Slovakia through two primary mechanisms. Firstly, the spread of the viral disease has significantly reduced the number of blood donors, by up to 74 per cent¹³ at the beginning of the pandemic. Secondly, severe waves of the pandemic led to the postponement of surgical interventions, which were rescheduled when the pandemic subsided. Consequently, this accumulation of surgeries temporarily amplified the demand for blood.

It is worth noting that a regulation prohibiting men from donating blood is likely to exert a more significant influence on the overall blood supply compared to a similar regulation targeting women. As highlighted by a January 2020 report prepared for the National Transfusion Service by the Ministry of Health's behavioural and experimental economics team, up to 75 per cent of donors in Slovakia are men (Sekelský et al. 2020). While the LGBT community constitute a minority within the broader population, their

⁵ 'Hoci nemocnice mávajú nedostatok krvi, gejovia a bisexuálni muži ju nemôžu darovať' ['Although hospitals have a shortage of blood, gay and bisexual men are not allowed donate it'], *Queer SK*, 12 July 2022 (<https://queerslovakia.sk/text/zdravie/hoci-nemocnice-mavaju-ndostatok-krvi-gejovia-a-bisexualni-muzi-ju-nemozu-darovat/>).

⁶ 'Blood, plasma donation policies reflect fears born in an earlier epidemic: HIV in the 1980s', *Why.org*, 25 August 2020 (<https://why.org/articles/blood-plasma-donation-policies-reflect-fears-born-in-an-earlier-epidemic-hiv-in-the-1980s/>).

⁷ 'Blood donor selection policy: More people now able to give blood', *Blood.co.uk*, 11 May 2021 (<https://www.blood.co.uk/news-and-campaigns/news-and-statements/fair-steering-group/>).

⁸ 'France lifts 'absurd' barrier to gay men giving blood', *The Local*, 12 January 2022 (<https://www.thelocal.fr/20220112/france-lifts-absurd-barrier-to-gay-men-giving-blood>).

⁹ 'Blood safety basics' *CDC.gov*, 11 July 2023 (<https://www.cdc.gov/bloodsafety/basics.html>).

¹⁰ 'Vyhláška Ministerstva zdravotníctva Slovenskej republiky o požiadavkách na správnu prax pri príprave transfúzných liekov' ['Regulation of the Ministry of Health of the Slovak Republic on requirements for good practice in the preparation of transfusion medicinal products'], *Slov-Lex*, 22 June 2015 (https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2015/158/vyhlasene_znenie.html).

¹¹ 'Zásob krvných skupín A, B a 0 s negatívnym Rh faktorom je naďalej nedostatok' ['The shortage of blood groups A, B and 0 with negative Rh factor still continues'], *Aktuality.sk*, 4 August 2023 (<https://www.aktuality.sk/clanok/42bxEw9/zasob-krvnych-skupin-a-b-a-0-s-negativnym-rh-faktorom-je-nadalej-ndostatok/>).

¹² 'What happens to Donated Blood', *The American National Red Cross*, no date (<https://www.redcrossblood.org/donate-blood/blood-donation-process/what-happens-to-donated-blood.html>).

¹³ 'Pandémia zmenila darcovstvo krvi. Na začiatku ubudlo až 74 percent darcov' ['The pandemic has changed blood donation. The number of donors decreased by up to 74 percent at its beginning'], *Akobuk*, 19 April 2021 (<https://akobuk.sk/darovanie-krvi-pandemia-rozhovor/>).

inclusion as potential donors could yield a discernible positive impact. According to the Slovak Red Cross, one blood donor can save up to three¹⁴ other lives.

The relevance of these arguments is further highlighted by the developments witnessed internationally. Several western countries have recently relaxed their legislation regarding blood donation by individuals belonging to the LGBT community, partly due to the factors that increase the demand for blood, as mentioned earlier. In addition to the aforementioned regulatory changes in the UK, there has also been a liberalisation¹⁵ of blood donation regulations in, for example, the US. In 2015, the complete ban on blood donation by bisexual and gay men was replaced with a requirement of mandatory abstinence for twelve months before eligibility. This period was subsequently reduced to three months in 2020, and there is an ongoing discussion¹⁶ regarding the potential removal of the abstinence requirement altogether.

And while in the US the complete removal of regulations is still under discussion, France and Greece have already taken significant steps¹⁷ in this direction. Greece has approved a new blood donor form that no longer includes same-sex sexual relations as a disqualifying circumstance. Similarly, in March 2022, France removed the reference to sexual orientation from the donor questionnaire. With these actions, France and Greece align themselves with a group¹⁸ of countries including Argentina, Italy, Spain, and Hungary, which have already eliminated any restrictions in this regard.

Examining evolving practices abroad along with scientific research, it becomes evident that the professional consensus regarding this issue has undergone a substantial transformation since the 1980s.

Examining evolving practices abroad along with scientific research, it becomes evident that the professional consensus regarding this issue has undergone a substantial transformation since the 1980s. The relatively slower pace of change in Slovakia may be attributed to strong path dependency within the public administration. However, considering the prevailing political climate, it is also plausible that a reluctance persists to actively remove or modify regulations and align with the wealth of knowledge currently available. The repercussions of this hesitancy become particularly apparent during periods of heightened blood demand. Similar to abortion policy, it is essential to consider whether the regulations in place truly deliver commensurate societal value in exchange for their existence.

Drugs

A third example of a domain where empirical scientific knowledge appears to be overshadowed by ideological considerations is the field of drug policy. Across western countries, the majority of drugs – their production, distribution, and consumption – are either entirely prohibited or subjected to stringent regulations. While relaxations have been observed in certain countries recently, these revisions have primarily been limited to regulations surrounding cannabis.

Bans, however, do not work on drugs either, according to available expert knowledge. A telling example is the American experience. In 1971, the annual death rate from drug overdoses stood at approximately 1 person per 100,000.¹⁹ During this year, US President Richard Nixon declared²⁰ a ‘war on drugs’, leading to a substantial expansion of federal drug control agencies and the implementation of stricter drug legislation. The establishment of the Drug Enforcement Administration (DEA) in 1973 became synonymous with America’s war on drugs. However, these measures proved to be futile and, if anything, exacerbated the situation. By 1990, the drug overdose death rate had risen to 3.4²¹ per 100,000 people. By 2008, the rate soared to 12 individuals per 100,000.

The current strict regulations governing the use of drugs in healthcare have largely cultural and historical origins.

Conversely, the Portuguese experience provides evidence that more favourable outcomes can be achieved through the liberalisation of drug policy. In 2001, Portugal decriminalised all drugs intended for personal use. This shift marked a departure from the punitive approach toward drug users, emphasising instead a focus on treatment and support. The impact of this policy change has been noteworthy. The number of drug-related deaths in Portugal decreased (Slade 2021) well below the average observed in the European Union (EU) after the implementation of this measure. Even before the policy change, Portugal had a lower drug-related death rate compared to the EU average, but the introduction of the policy further enhanced this trend. The

¹⁴ ‘Výzva na darovanie krvi NTS SR’ [‘Call for blood donation NTS SR’], *Slovak Red Cross*, 22 November 2021 (<https://redcross.sk/vyzva-na-darovanie-krvi-nts-sr/>).

¹⁵ ‘As Blood shortage deepens, time to accept the evidence—end deferral period for gay and bisexual blood donors’, *Cato Institute*, 4 March 2022 (<https://www.cato.org/blog/blood-shortage-deepens-time-accept-evidence-end-deferral-period-gay-bisexual-blood-donors>).

¹⁶ ‘As Blood shortage deepens, time to accept the evidence—end deferral period for gay and bisexual blood donors’, *Cato Institute*, 4 March 2022 (<https://www.cato.org/blog/blood-shortage-deepens-time-accept-evidence-end-deferral-period-gay-bisexual-blood-donors>).

¹⁷ ‘Hoci nemocnice mávajú nedostatok krvi, gejovia a bisexuálni muži ju nemôžu darovať’ [‘Although hospitals have a shortage of blood, gay and bisexual men are not allowed donate it’], *Queer SK*, 12 July 2022 (<https://queerslovakia.sk/text/zdravie/hoci-nemocnice-mavaju-nedostatok-krvi-gejovia-a-bisexualni-muzi-ju-nemozu-darovat/>).

¹⁸ ‘What are the blood donation rules globally for gay and bisexual men?’, *Openly*, 14 December 2020 (<https://www.openlynews.com/i/?id=ca9d244a-40df-4c69-8604-99ef49ca3c28>).

¹⁹ ‘Four decades and counting: The continued failure of the war on drugs’, *Cato Institute*, 12 April 2017 (<https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs>).

²⁰ ‘We can’t go back’, *Drug Policy Alliance*, no date (<https://drugpolicy.org/drug-war-history/>).

²¹ ‘Four decades and counting: The continued failure of the war on drugs’, *Cato Institute*, 12 April 2017 (<https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs>).

reform's positive impact also extended beyond mortality rates, notably in the decline of drug-related HIV cases. In 2001 and 2002, Portugal accounted for 50 per cent (Slade 2021) of all new HIV diagnoses attributed to injecting drug use within the EU, despite its population representing only 2 per cent of the EU's total. By 2019, Portugal's contribution had decreased to a mere 1.68 per cent (Slade 2021) of such cases in the EU.

Moreover, restrictive drug policies may result in a significant opportunity cost, considering that some drugs such as LSD, MDMA, or psilocybin show promising potential in treating mental problems and disorders. Current research suggests²² that more than a third²³ of patients with such conditions do not benefit from existing treatments. Properly utilising these drugs could offer a potential solution for these individuals.

For instance, a study²⁴ conducted at Harvard University and published in the prestigious scientific journal *Nature* in 2021, supports this idea. The experiment involved patients diagnosed with severe post-traumatic stress disorder (PTSD). Over three months, these patients underwent three sessions where MDMA was administered to them, after which they engaged in therapy with a trained professional. Additionally, they had weekly therapy sessions between these MDMA sessions. The results were remarkable. Two months after the treatment, 88 per cent of the participants showed a clinically significant reduction in their diagnostic scores and 67 per cent of them no longer met the criteria for a PTSD diagnosis. This experiment is just one of many currently ongoing, further exploring the potential benefits of these substances.

The current strict regulations governing the use of drugs in healthcare have largely cultural and historical origins. Undeniably, in the 1930s and 1940s, certain academic experiments were conducted that can now be viewed as methodologically and ethically questionable, to say the least. However, highly publicised drug-related accidents, such as the infamous 'bad trips', have played a significant role in shaping the current stringent policies (Hall 2021). Additionally, the reputation of drugs suffered due to the sensationalised media coverage of the case of the notorious sect 'Manson Family', led by the American criminal Charles Manson, which involved the use of LSD, as well as the crack epidemic in the mid-1980s in the US. These events contributed to the overwhelmingly negative perception of drugs, leading to the gradual implementation of stricter regulations on their medical use. As a result, drugs have been predominantly associated with negative connotations, overshadowing their potential benefits and hindering their responsible medical applications. It is crucial to acknowledge the historical context while re-evaluating the regulations to ensure a balanced and informed approach to drug use in healthcare.

In Slovakia, as well as other countries, there persists a narrative that vehemently resists any discussion about altering perspectives on drugs, despite the existing scientific evidence. Although there was a recent exception where the criminal penalty for personal marijuana possession was reduced,²⁵ the overall status of this substance in Slovak legislation remains unchanged. Consequently, there are still individuals we cannot effectively treat.

This situation highlights the prevalence of an ideological stance that dismisses empirical knowledge, raising concerns about its true value to society. By refusing to engage in open dialogue and consider evidence-based insights, we hinder our ability to explore potentially beneficial approaches and restrict access to more effective treatments for those in need.

Ideology and political (de)centralisation

It is reasonable to assume that within any society, at any point, there exist groups with extremist ideological beliefs. Typically, these groups avoid engaging in dialogue and remain resistant to acknowledging expert knowledge that contradicts their perspective. However, this does not imply that society is powerless in shaping the influence these groups wield over public policy and political choices.

A fundamental cornerstone within western political systems – aimed at averting the concentration of excessive power within an individual or a small clique – is the system of checks and balances. The division of powers between the legislative, executive, and judicial branches is a cornerstone of these systems. However, it appears that in contemporary times, a frequently overlooked mechanism for countering – or at least mitigating – the adverse impacts of extremist ideological choices is decentralisation.

In the struggle between ideology and expertise, decentralising political power yields three key benefits. First and foremost, by distributing political power among various entities and, thereby, bringing it closer to the people, the potential negative impact of any individual decision is mitigated. This is due to two factors. First, decisions affect a smaller population and a more confined geographical area. Second, decision-makers are often in closer proximity to the individuals they are making decisions for, physically and figuratively. As a result, this arrangement enables a more direct oversight of the decision-making process by the

²² 'Are psychedelics the answer to solving the mental health crisis?', *Euronews.next*, 21 April 2022 (<https://www.euronews.com/next/2022/04/21/are-psychedelics-the-answer-to-solving-the-mental-health-crisis>).

²³ 'Are psychedelics the answer to solving the mental health crisis?', *Euronews.next*, 21 April 2022 (<https://www.euronews.com/next/2022/04/21/are-psychedelics-the-answer-to-solving-the-mental-health-crisis>).

²⁴ 'Altering perceptions on psychedelics', *Harvard Medicine*, Spring 2022 (<https://magazine.hms.harvard.edu/articles/altering-perceptions-psychedelics>).

²⁵ 'Parlament schválil zníženie trestov za marihuanu' [Parliament approves reduction of penalties for cannabis], *Denník N*, 16 March 2022 (<https://dennikn.sk/minuta/2770967/>).

general public. Ultimately, ideological decisions with overly negative consequences are less likely to arise; and even if they do, the consequences are less severe.

Furthermore, decentralisation plays a pivotal role in enhancing the marketplace of ideas. As a wider array of authorities gain the ability to put their ideas into action, individuals can observe the outcomes of diverse strategies. This presents two notable benefits. First and foremost, these natural experiments serve as an effective means of comprehending the full scope of a particular policy choice's impacts. Moreover, the shift from a one-size-fits-all approach to testing several strategies in a relatively small territory increases the presence of a comparative element. As the heterogeneity of strategies is increased and brought closer to the people, the costs of acquiring information decrease. With the greater and easier availability of empirical evidence, people are empowered to make more informed decisions and, ultimately, better evaluate the impacts of policies based both on expert knowledge and ideology. Second, the decentralisation process would improve the efficiency of the feedback loop connecting decision-makers and the public. At present, one way for individuals to provide feedback to politicians and policymakers is through the act of 'voting with one's feet' – such as relocating to a different state if one is dissatisfied with the current situation. Because it will enable even smaller areas to be more independent, decentralisation can lower the barriers to this form of voting, thereby enhancing the mechanism's sensitivity and responsiveness and protecting people from the negative consequences of political decisions.

Lastly, decentralisation could potentially heighten the alignment between the perspectives of politicians and voters. With smaller electorates coupled with facilitated foot voting, the diversity of viewpoints within a specific region would probably diminish, leading to a greater convergence between the opinions of voters and politicians. The development of regions where decisions are rooted solely in ideology is not inherently problematic. If a community desires to live with such choices and is prepared to shoulder the full scope of consequences, it should indeed have that option.

Conclusion

Ideology undoubtedly holds its place in politics, and the intention of this text is not to dispute that fact. It can serve as a valuable compass for politicians, especially when navigating political controversies. Additionally, in a democracy, politicians' views often reflect the values of the electorate.

However, it is essential to recognise that the influence of ideology should have limits. While politicians strive to enhance the lives of (Slovak) citizens, their decision-making should not primarily rely on personal opinions and emotions. Incorporating expert knowledge is an indispensable aspect of policymaking, and the integration of diverse expertise is crucial for effectively achieving social and political objectives.

Unfortunately, some recent regulations, beyond the health sector, suggest that ideology often takes precedence over expert knowledge in current political decision-making. This text sheds light on three specific issues within the Slovak health sector, where political ideological decisions can have immediate and profound negative impacts. The failure to consider expert knowledge in these matters can pose life-threatening consequences.

Currently, there are mechanisms in place to curb the influence of politicians, whether they are 'technocrats' or 'ideologists'. Yet, there is room to extend these efforts further. Through decentralisation of political power, we may be able to alleviate the potential adverse outcomes of political decision-making, enhance the marketplace of ideas, improve feedback loops between voters and politicians, and empower voters in decision-making. Although the concept of decentralisation might not immediately appeal to high-ranking politicians, embracing this approach is likely to enhance the quality of life within countries that choose to adopt it.

References

- Bearak, J., Popinchalk, A., Ganatra, B., Moller, A., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020) Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Global Health* 8: e1152–61.
- David, H. P. (2006) Born unwanted, 35 years later: The Prague study. *Reproductive Health Matters* 14(27): 181–90.
- Hall, W. (2021) Why was early therapeutic research on psychedelic drugs abandoned? *Psychological Medicine* 52(1): 26–31.
- Lasswell, H. (1936) *Politics: Who Gets What, When, How*. New York: Whittlesey House.
- Sekelský, L., Fehérová, M., Péliová, J., Servátka, M., & Slonim, R. (2020) Skvalitnenie darcovstva: Pre národnú transfúznú službu SR [Improving the quality of blood donation: For the National Transfusion Service of the Slovak Republic]. Bratislava: BEET, Ministry of Health.
- Schön, D. A. and Rein, M. (1994) *Frame Reflection: Toward The Resolution Of Intractable Policy Controversies*. New York: Basic Books.
- Singh, S., Remez, L., Sedgh, G., Kwok, L., & Onda, T. (2018) Abortion worldwide 2017: Uneven progress and unequal access. New York: Guttmacher Institute.
- Slade, H. (2021) Drug decriminalisation in Portugal: Setting the record straight. Bristol: Transform Drug Policy Foundation.
- Stevenson, A. J. (2021) The pregnancy-related mortality impact of a total abortion ban in the United States: A research note on increased deaths due to remaining pregnant. *Demography* 58(6): 2019–28.