I enjoyed leafing through this collection, and seeing some of the ‘modern classics’ in the sociology of health excerpted—the excerpts being almost impossibly brief, although understandably so. I say ‘sociology of health’ both deliberately and in the least technical or academic sense of the term….for the best excerpts are from the sociology of health broadly construed, although the book is ‘marketed’ to ‘health policy and management’. One would like to believe that the target markets of the book (see back cover—mostly managers and professionals) will use these tiny extracts as a starting-point to further their intellectual pursuits and wider understanding, but—without being snippy—one doubts that they will have time and (in England) perhaps, in some cases, the inclination. More on the intended readership later.

Thus (selectively, but in order of appearance in the book), we have Starr on the ‘corporatization’ of American medicine—which, in 1982, summed up a then-emergent, now-familiar trend; Lipsky on ‘street-level bureaucracy’ (which pays careful re-reading, as—like Hirschman and other ‘classics’—it is more quoted than read or understood); Titmuss on the ‘gift relationship’; Power on the ‘audit society’ (which should give most English NHS policymakers and managers pause for thought); Tudor Hart on the ‘inverse care law’ whereby the most needy get the least…and, in the final section on ‘cultural critiques’, Illich on ‘medical nemesis’.

Interestingly, all of these stand the passage of time except for Illich, who reads like a graduate student seeking to ‘epater les medicins’. I said I enjoyed the collection, and I must confess for various reasons—including being reminded of how far Ian Kennedy has come since his 1983 ‘unmasking of medicine’ provided a rather shrill cheerleading for the Illich worldview from a UK base.

How international is the book? Puzzlingly, not very….despite the blurb and the fact, as well as UK authors, there are US (including a US perspective on North European systems) and (one) Canadian. Yet that is about it. The ‘classics’ from government reports are mostly British (apart from the Canadian Lalonde commission and the Alma-Ata Declaration); and—perhaps more culpably—once we move away from ‘sociology’ to ‘policy and management’, the themes are organised around an Anglo-American perspective on policy, the nature of health system reform and the regulatory agenda. Despite the welcome window-dressing from the classics, the ‘ethos’ of the book is the 1980s/1990s English consensus, with a dash of US seasoning.

The question is surely: if busy managers and clinicians are to get a spin on the US from this book, how can we have Berwick—twice—and Enthoven, yet no Alford or Marmor…or Oberlander or Sparer, especially with the book published in Obama’s first year and progressive federal health reform on the agenda more seriously than at any time since 1965?

Putting the answer to my own question into the mouths of the book’s editors, I would say, ‘Ah, but the Americans chosen are mostly the ‘techies’…writing about politically-neutral quality initiatives, regulatory systems and the like; they are Americans but not writing about America’. Up to a point, Lord Copper (at least they are not consciously exporting the US
system...!). But that is the point, why?...and, furthermore, these topics are at the heart of the Anglo-American managerialist agenda, and take up far too much space if the book is intended to be of wider relevance. And these topics should surely be in the earlier ‘companion volume’, Healthcare Management (Eds Walshe and Smith) which would have been improved as a result. (a ‘win-win’ situation...never thought I’d use that phrase!)

In practice, then, the book is (mostly) for UK (and within that, mostly English) practitioners. It is geared also to postgraduate students—more sensibly, I think, if they use it as a starting-point and are aware of the Anglo focus. Thus they will see the Griffiths Report (1983), as well as two Wanless Reports (2002 and 2004)...but also the Beveridge Report (1942) and the Poor Law Report of 1842.

They will read excellent extracts from Klein (Rudolf, not Naomi!), Harrison and Wood, and others. But the resource allocation debate is too restricted (again, mostly but not exclusively to the UK and to the ‘health economist/rationing’ perspective within that); and the sections on ‘markets and choice’ and ‘general management and governance’, while not addressed in line with only one ideology, start from the premise that ‘markets’ are the question and ‘governance’ post-1983/1991 UK-style is a key reference point.

OK, so assuming we do start here: is lumping together Titmuss (the defence of altruism in society) and Enthoven (a timebound blueprint for a neo-liberal-esque NHS) really instructive? Is it not a psychological category-mistake? And, if we must have perri 6—the artist formerly known as David Ashworth (formerly at the Third Way-esque London think-tank, Demos, whose Director Geoff Mulgan became ‘the man who told Blair what to think’ (John Humphries, 2004)—can we not have something from his trendy first album, (perhaps a thrilling, post-modern cultural re-branding) rather than an excerpt from his sober cover-version of clanking versions of consumer choice? And governance—might it not have been tackled alongside audit, accountability and regulation—all following on from the role of the state—so that the pieces chosen were less fragmentary?

Yet, I must end with praise: I would not have written as I have had I not been stimulated by the book. It is good for academic-jockeys to lead practitioner-horses to the edge of heady intellectual waters—as long as they don’t end up the infamous creek without a paddle. Enough mixed metaphors... I enjoyed it—really.

REFERENCE


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Published online in Wiley InterScience (www.interscience.wiley.com) DOI: 10.1002/hpm.1057


DOI: 10.1002/hpm