

# Book review

## Health Care Reform

*Edited by Chris Ham*

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How best to harness potential wisdom from cross-national analysis has become an increasingly important question over the past decade in a number of human service fields. The issue is particularly visible in the health sector, where reform activity has broadened to incorporate most developed and many developing countries, as well as 26 Former Soviet Bloc countries. A growing number of scholars, consultants, and international organizations have applied a variety of methodological frameworks in an effort to capture the key policy lessons from recent health sector reforms. Not surprisingly, the diversity of academic backgrounds and interests of the researchers engaged in this endeavour, in combination with the inherent complexity of health systems themselves, have generated a range of opinion as to what the central lessons have been, and what the appropriate health policy response ought to entail.

The debate about the cross-national lessons from health reform is considerably more developed in Europe than in the USA, for a number of structural as well as ideological reasons [1]. This new book, edited by Chris Ham of the University of Birmingham, UK, reflects that European debate. The volume presents chapters on current reform issues in four European countries – the UK, Sweden, The Netherlands, and Germany – each of which has been grappling with health system reform since the late 1980s. It also contains a rather poignant chapter highlighting the core conceptual issues that have led the USA to pursue a fundamentally different and far less successful path toward reform – what the chapter author labels ‘reforms without reform’. The book also benefits from introductory and concluding chapters which effectively draw together the central strands of analysis among the separate chapters.

Among the summary observations noted in the final chapter are three points that lie at the core of present debates

about health sector reform in Europe. One is that the available evidence indicates that health reforms are best targeted directly at changing provider behaviour on the production side of the health system, rather than seeking to affect provider behaviour indirectly by introducing competitive incentives on the funding side of the system. A second is that the nation-state has retained a major role in planning and regulating health systems even as various (carefully calibrated) market-oriented incentives are introduced between providers. Third, the intertwined issues of priority setting, increased efficiency, and (potentially) explicit rationing will generate a growing number of dilemmas for national health policy makers.

One observation not noted in the book itself, but which emerges from its component chapters, is the antithetical assumptions that different academic disciplines hold about the notion of political accountability. The UK and USA chapters, written by a political scientist and an organizational theorist, view increased citizen participation in policy making, including through elected bodies, as a needed path to increase accountability. The Sweden and Netherlands chapters, written by economists, view those same public sector activities as monopolistic or self-serving, on the assumption that only individual preference as expressed as a choice among competing purveyors creates accountability. If, as some analysts anticipate, issues of accountability are to become increasingly important in the European health reform debate over the next several years, the essentially opposite understanding of political scientists and economists regarding what creates accountability will undoubtedly produce an interesting if cacophonous debate.

## Reference

1. Saltman RB, Figueras J. Analyzing the evidence on European health care reform. *Health Affairs* (March/April), 1998: 85–108.

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