

Reasonable Rationing: International Experience of Priority Setting In Health. Chris Ham and Glenn Robert (eds.). Maidenhead, England: Open University Press, 2003. 200 pp. \$31.95 (softcover).

Reasonable Rationing is, contrary to its title, a book about the intra-national experience of priority setting in health in five countries: Canada, The Netherlands, New Zealand, Norway, and the United Kingdom. It is certainly not an accident that the countries considered are all relatively rich countries with essentially universal coverage for health services. In a rich nation such as the United States, where a person is entitled to all the care he or she can afford, the question of priority setting rarely is addressed explicitly—with the exception, as the book notes, of Oregon. In the vast number of poor countries in the world, priority setting also is not addressed explicitly. Since there generally is neither revenue nor providers for such basic services as immunization or well baby care, deciding on the use of sophisticated and expensive procedures or technologies is just not on the radar screen.

However, for those interested in the issues surrounding priority setting in wealthy countries with relatively universal access to medical care, this book provides five excellent case studies. What these case studies all confirm is that despite the efforts to develop “rational” priority setting mechanisms in all five countries, the actual decisions about available services are made at a variety of levels, by a variety of actors with motivations only rarely determined by costs and benefits. In short, priority setting in all these countries is a highly political process that involves much more than simply the rational consideration of whether a particular procedure will add more years to life than some other procedure that costs the same amount or less.

The book is an easy read and, for the student of priority setting, it brings together the experience of the five countries in one volume. Having done so, it provides substantial information about how these experiences have played out and how successful the efforts have been. However, the book raises two considerably larger and different questions that are never explicitly stated, nor discussed. These are the importance of medical services per se, and the question of why rationing is important in the first place.

In regard to the first issue—the importance of medical services—it is useful to note that in their discussion of Canada, Douglas Martin and Peter Singer point out that the Canadian health system has been rocked by a number of crises, including closings of facilities, reductions in lengths of stay due to lack of funds, longer waiting times for services, and declining reputation. They also say: “However, despite these ‘crises’ the health status of Canadians continues to improve—the infant mortality rate is 5.8 per 1,000 births, the life expectancy of Canadians is 79 years (second only to the Japanese)” (p. 44). Medical services are clearly important for some specific people in a valetudinarian state. But their importance for improving the health of populations is far outweighed by a number of other societal-level factors, such as the education of women, the gross national product, the availability of potable water, diet, television viewing, and travel by automobile.

There have been few efforts to address the broader issues of priority setting in the expenditure of either public or private funds as this relates to the relative value of medical services compared to other reasonable interventions. Perhaps it is true that many medical interventions are available for use against specific disease, while few interventions exist, for example, to improve people’s diets. But perhaps this reflects the lack of attention that has been given to nutrition as a determinant of national health, or to the many other nonmedical determinants of national health.

The second issue, it seems to me, is even more important. Why discuss rationing in the first place? The five countries considered are some of the richest in the world. Clearly, there is never enough money for everything that might be done. And these countries are not as rich individually, or even collectively, as a nation like the United States. Yet as exists in the United States, there is a vast reservoir of money in all of these countries. If priorities need to be set, it is not because the money for some particular medical procedure is not available, but because the decision has been made at some level not to spend the money on that procedure.

The argument about the inability to pay for all care in the United States, in particular, seems to be based on a premise that a certain surgery or medical procedure will actually use up the available money—as if the dollars for the surgery’s cost will be taken behind the hospital and burned

Reasonable Rationing International Experience Of Priority Setting In Health Care

Marshall Marinker, Fritjof Capra



Reasonable Rationing International Experience Of Priority Setting In Health Care:

EBOOK: Reasonable Rationing Chris Ham, Robert Glenn, 2003-05-16 Reasonable Rationing is must reading for those interested in how to connect theory about fair rationing processes to country level practices The five case studies reveal a deep tension between political pressures to accomodate interest group demands and ethically motivated efforts to improve both information and institutional procedures for setting fair limits to care The authors frame the issues insightfully Professor Norman Daniels Harvard School of Public Health How are different countries setting priorities for health care What role does information and evidence on cost and effectiveness play How are institutions contributing to priority setting What are the lessons for policy makers Priority setting in health care is an issue of increasing importance Choices about the use of health care budgets are inescapable and difficult A number of countries have sought to strengthen their approach to priority setting by drawing on research based evidence on the cost and effectiveness of different treatments This book brings together leading experts in the field to summarize and analyse the experience of priority setting in five countries Canada The Netherlands New Zealand Norway and the United Kingdom Drawing on literature from a range of disciplines it makes a significant contribution to the debate on the role of information and institutions in priority setting Reasonable Rationing has been written with a broad readership in mind It will be of interest to policy makers health care professionals and health service managers as well as students of health and social policy at advanced undergraduate and postgraduate levels

Reasonable Rationing Ham, Chris, Glenn, Robert, 2003-05-01 Health care rationing is a reality in much of the world and priority setting is an issue of increasing importance Choices about the use of health care budgets are inescapable and difficult This study look at priority setting in the health services of several countries **Rationing in Health Care** Iestyn Williams, Helen Dickinson, Suzanne Robinson, 2012 A clearly written and well structured textbook providing an introduction to decision making and priority setting this title brings together theories practice and evidence from a wide range of disciplines

EBOOK: Decentralization in Health Care: Strategies and Outcomes Richard Saltman, Reinhard Busse, Josep Figueras, 2006-12-16 What are the characteristics that define a Social Health Insurance system How is success measured in SHI systems How are SHI systems developing in response to external pressures Using the seven Social Health Insurance countries in western Europe Austria Belgium France Germany Luxembourg the Netherlands and Switzerland as well as Israel this important book reviews core structural and organizational dimensions as well as recent reforms and innovations Covering a wide range of policy issues the book Explores the pressures these health systems confront to be more efficient more effective and more responsive Reviews their success in addressing these pressures Examines the implications of change on the structure of SHI s as they are currently defined Draws out policy lessons about past experience and likely future developments in SHI systems in a manner useful to policymakers in Europe and elsewhere Social Health Insurance Systems in Western Europe will be of interest to students of health policy and management as well as health managers and

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Prioritization in Medicine Eckhard Nagel, Michael Lauerer, 2015-10-30 The gap between a rising demand for health care services on the one side and scarce resources on the other is leading to a growing pressure on decision making processes Hence prioritization in medicine has become an increasingly important issue for assuring stability of health systems and improving the capability of health care The present volume addresses normative dimensions of methodological and theoretical approaches the legal basis behind priority setting as well as international experiences concerning the normative framework and the process of priority setting It also examines specific criteria for prioritization and discusses economic evaluations Contributing authors from a broad range of scientific disciplines discuss prioritization within an international dialogue

Regulating Healthcare Walshe, Kieran, 2003-06-01 Healthcare organizations in the UK and the USA face a growing tide of regulation accreditation inspection and external review all aimed at improving their performance In the US over three decades of regulation by state and federal government and by non governmental agencies has created a complex costly and overlapping network of oversight arrangements for healthcare organizations In the UK regulation of the government run National Health Service is central to current health policy with the creation of a host of new national agencies and inspectorates tasked with overseeing the performance of NHS hospitals and other organizations But does regulation work This book explores the development and use of healthcare regulation in both countries comparing and contrasting their experience and drawing on regulatory research in other industries and settings offers a structured approach to analysing what regulators do and how they work develops principles for effective regulation aimed at maximising the benefits of regulatory interventions and minimising their costs *Regulating Healthcare* is aimed at all with an interest or involvement in health policy and management be they policy makers healthcare managers or health professionals It is particularly suitable for use on postgraduate health and health related programmes

Constructive Conversations About Health Marshall Marinker, Fritjof Capra, 2018-08-15 Current health policy is required to respond to a constantly changing social and political environment characterised particularly in Europe by ageing populations increased migration and growing inequalities in health and services With health systems under increasing strain there is a sense that we need to seek new means of determining health policy Much political debate focuses on managerial issues such as the levels of health funding and the setting and missing of targets Meanwhile our moral imperatives our values and principles go relatively unexamined What are these values Can we agree their validity and salience How do we manage the paradox of competing goods Can we find new ways of talking about and resolving our conflicting values and competing priorities in order to create

sound appropriate and just health policies for the 21st Century Written by leading health policy makers and academics from many countries *Constructive Conversations about Health* examines in depth the underlying values and principles of health policy and posits a more enlightened public and political discourse The book will be invaluable for those involved in health policy making and governance politicians healthcare managers researchers ethicists health and social affairs media health rights and patient participation groups The literature on health policy is vast On offer are models of health services economic theory management theory disquisitions on ethical principles social analyses literally thousands of publications In a globalised and electronically networked world this literature has already generated its own particular language a policy jargon replete with terms that look deceptively familiar terms that will be much in evidence in what now follows terms whose meanings require our closest attention Marshall Marinker Trust Matters in Health Care Michael Calnan, Rosemary Rowe, 2008-08-16 Does trust still matter in health care and who does it matter to Have trust relations changed in the New NHS What does trust mean to patients clinicians and managers In the NHS trust has traditionally played an important part in the relationships between its three key actors the state health care practitioners and patients However in recent years the environments in which these relationships operate have been subject to considerable change as the NHS has been modernised Patients are now expected to play a more active role both in self managing their illness and in choice of care provider and clinicians are expected to work in teams and in partnership with managers This unique book explores the importance of trust how it is lost and won and the extent to which trust relationships in health care may have changed The book combines theoretical and empirical analysis while also examining the role of policy Calnan and Rowe analyse data collected from interviews with patients health care professionals and managers in primary care and acute care settings Among the issues covered are The importance of trust to their relationships What constitutes high and low trust behaviour The changing nature of trust relations between patients clinicians and managers How trust can be built and sustained How interpersonal trust affects institutional trust *Trust Matters in Health Care* is key reading for policy makers health care professionals and managers in the public and private sector and a useful resource for educators and students within health and social care and management studies Cultures For Performance In Health Care Mannion, Russell, Davies, Huw, Marshall, Martin, 2004-10-01 What is organizational culture Do organizational cultures influence the performance of health care organizations Are organizational cultures capable of being managed to beneficial effect Recent legislation in the United Kingdom has led to significant reforms within the health care system Clinical quality safety and performance have been the focus for improvement alongside systematic changes involving decision making power being devolved to patients and frontline staff However as this book shows improvements in performance are intrinsically linked to cultural changes within health care settings Using theories from a wide range of disciplines including economics management and organization studies policy studies and the health sciences this book sets out definitions of cultures and performance in

particular the specific characteristics that help or hinder performance Case studies of high and low performing hospital trusts and primary care trusts are used to explore the links between culture and performance These studies provide examples of strategies to create beneficial high performance cultures that may be used by other managers Moreover implications for future policies and research are outlined Cultures for Performance in Health Care is essential reading for those with an interest in health care management and health policy including students researchers policy makers and health care professionals

Comparative Health Policy In The Asia Pacific Gauld, Robin, 2004-12-01 Dr Gauld s collection of case studies is informative and accessible I would recommend it as a central text for a course in comparative health systems

Political Studies Review Based upon research from eight countries in the Asia Pacific Australia China Hong Kong Japan New Zealand Singapore South Korea Taiwan this book analyses and compares their differing health policies Key issues the book probes include The ways that health care is financed and delivered across the region The historical and institutional arrangements that impact upon health policy and health care How the health systems differ between the countries under study How policymakers and service providers deal with unlimited demand and limited funding and issues such as service coverage and quality How pharmaceuticals and population health strategies are managed What the roles of the state and various other players such as the private sector and professional associations are in the making of health policy and delivery of health care The challenges that lie ahead for health care and health policy in the region

Comparative Health Policy in the Asia Pacific is key reading for students researchers and policy makers with an interest in health policy It is relevant to those studying medicine and health studies anthropology history sociology public policy politics and Asian studies

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