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 explicitlywith 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

Ruth A. Baer

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

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of health care In addition in an engaging and lively style it provides essential guidance for students of health policy who seek to understand the labyrinthine processes and the wide ranging unintended consequences for good and for bad of EU policy making Professor Naomi Chambers Head of Health Policy and Management Manchester Business School In this insightful book Scott Greer describes how European health policy has long been developed in a secret garden where a small number of people find pragmatic solutions to immediate problems while avoiding the fundamental questions Yet the logic of European integration is tearing down the garden's walls creating a public park where pragmatism takes second place to principles Something must be done but it is not clear what Greer's book will be essential reading for anyone who is responsible for organising how health care is delivered in Europe Martin McKee CBE London School of Hygiene and Tropical Medicine UK This important new book explains how European Union EU developed policies shape and constrain health services It answers the key questions asked of EU health policy What is it Why did it happen What does it take to influence it and how can it be changed Using extensive new data Greer discusses how EU policy is influenced by lobbies in Brussels and by four big member states France Germany Spain and the United Kingdom Shaping EU health policy takes information coordination nimbleness and focus The book examines the ways that the successful health lobbies and member states work identifies weaknesses and emphasizes the challenge to health policymakers if they do not influence EU health policies they will lose influence over their own health systems The Politics of European Union Health Policies will be of great interest to students and academics of EU policy and politics as well as health policy makers Health Policy And Economics: Opportunities And Challenges Smith, Peter, Sculpher, Mark, Ginnelly, Laura, 2004-11-01 Health economics has made major contributions to the development of health policy in many countries This book describes those successes and looks forward to the major contributions that health economics can bring to bear on emerging policy issues in health and health care With contributions from internationally recognized researchers this book addresses generic policy issues confronting health systems across the developed world The coverage progresses from micro patient level issues to macro whole system issues including Determining cost effective treatments Fair distribution of health care Regulatory issues such as performance measurement and incentives Revenue distribution Decentralization and internationalization of health systems Health Policy and Economics identifies the major contributions that health economics makes to important policy issues in health and health care It is key reading for policy makers and health managers as well as students and academics with an interest in health policy and health services research Contributors Ron L Akehurst Karen E Bloor Martin Buxton Karl P Claxton Richard Cookson Diane A Dawson Paul Dolan Mike Drummond Brian Ferguson Hugh Gravelle Maria Goddard Katharina Hauck John Hutton Andrew M Jones Rowena Jacobs Paul Kind Rosella Levaggi Guillem Lpez Casanovas Alan K Maynard Nigel Rice Anthony Scott Rebecca Shaw Trevor Sheldon Andrew D Street Mark Sculpher Matthew Sutton Peter C Smith Adrian Towse Aki Tsuchiya Alan H Williams Restructuring The Medical Profession: The Intraprofessional Relations Of Gps And Hospital

Consultants Baeza, Juan, 2005-11-01 What is the relationship between general practitioners GPs and hospital consultants in the United Kingdom How does government health policy impact upon GPs and hospital consultants What influence does the medical profession have upon policy makers in the United Kingdom The medical profession occupies a dominant position within the British health care system and as such is able to influence the development and implementation of health policy The main division within the medical profession lies between general practitioners and hospital consultants This book provides a comprehensive analysis of British health policy over the past twenty five years Drawing on data from case studies it provides empirical evidence of the impact of recent health policies upon the National Health Service in general and the medical profession in particular The case studies provide an analysis of the impact of the 1991 NHS reforms as well as examining the ongoing influence of the post 1999 NHS reforms upon these intraprofessional relations What emerges is that the relationship between GPs and hospital consultants is transforming from a collegial to a more managerial relationship This book sheds light on the resulting development of intraprofessional relations between GPs and hospital consultants within the NHS Restructuring the Medical Profession is key reading for undergraduate and postgraduate students researchers and professionals in the fields of social policy and health policy. It is also of interest to health service practitioners health service researchers and health policy makers The European Patient Of The Future Coulter, Angela, Magee, Helen, 2003-06-01 This book reports the results of a major study carried out in eight different European countries to look at health policy dilemmas through the eyes of the patient Drawing on literature reviews focus groups and a survey of 1 000 people in each of the eight countries the book addresses how patients no longer see themselves as passive recipients of care increasingly they expect to be involved in all decisions that affect them The New Health Policy Gauld, Robin, 2009-06-01 This book analyzes the issues that form the nucleus of the emerging new health policy agenda Robin Gauld brings together in one volume a comprehensive picture of the health policy challenges facing contemporary developed world health systems as well as the strategies for tackling these The book highlights the importance to policy makers of each subject overviews research into it and discusses policy responses in Britain New Zealand and the United States The New Health Policy is essential reading for all students of health policy and health care along with policy makers and health care professionals Book Jacket

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