

Book reviews

The Case of Leonid Plyushch

Edited by Tatyana Khodorovich.
Introduction by Peter Reddaway.
(Pp 152; £3.95)
C. Hurst & Co., London.

The success of the film of *One Flew over the Cuckoo's Nest* seems to be an indicator of a growing public awareness of the ambiguity of the concept of mental illness and of the potentially exploitative uses of psychiatric treatment. But whatever doubts may be felt about uses of psychiatry in the USA and in other western countries, the picture of Soviet psychiatry painted in *The Case of Leonid Plyushch* leaves one in no doubt about the extremes of such abuse of medical authority. Plyushch, a promising young mathematician with a particular interest in the history and psychology of games, was arrested in January 1972 on charges of anti-Soviet activity. His main 'crime' appears to have been his membership of the Initiative Group for the Defence of Human Rights in the USSR, a group of Soviet citizens committed to publicizing abuses of human rights in political trials and in correcting inaccurate accounts of these trials in the Soviet press. He was held in prison for a year before a trial was held. The court sat *in camera* and in the absence of the accused. Plyushch was found to be insane (although no expert witnesses of any kind were called) and was ordered to be 'sent for treatment in a special type of hospital'. The treatment consisted of being locked up, in grossly overcrowded and degrading conditions, in a ward for severely psychotic patients. In addition high doses of haloperidol, insulin and other drugs were administered. In these conditions Plyushch's mental and physical health showed signs of steady deterioration. Eventually, as a result of the courageous persistence of his wife and friends, international protests were mobilized to such an extent that the Soviet authorities

released him, allowing him to leave Russia with his family in 1976.

Such a bare catalogue of events, however, cannot convey the force of this book. The earliest parts of it contain a selection of letters which Plyushch wrote to his family and friends at a time when his lucidity was still unimpaired by drugs. They testify not only to his mental health, but to his lively intelligence, warmth and simple humanity. The reader has begun to feel that he knows the man a little, when the tone of the narrative changes and detailed accounts of his diagnosis and 'treatment' are given. Through the eyes of family and friends we see the changes in him, and we are left with a disturbing feeling of what the editor describes as a threat to 'the precious inner life of man'.

In a sense the book has a happy ending. On release, Plyushch is found to be physically exhausted but mentally well. His statement to a press conference is calm and committed. He remains a convinced Communist as well as an advocate for human rights. But in his closing words he reminds us - characteristically - not of his own suffering but of the plight of the many others still sentenced to insanity for their political beliefs. This book would be tragic enough as an isolated case history. But it is much more than this. It is about the corruption of the moral foundation of medicine and the cynical definition of health in terms of social utility. No society can afford to ignore its lessons.

A V CAMPBELL

Health Care: The Growing Dilemma

Robert Maxwell (Pp 75; £3.30)
McKinsey and Company, New York, 1975.

Value for Money in Health Services

Brian Abel-Smith (Pp 230; £2.25)
Heinemann, London, 1976.

Contemporary studies of allocation of resources in health care are reminiscent of nineteenth century maps of Africa. The details on the periphery are familiar to all but the vast interior is unknown. Into it disappear explorers as variously, sometimes as eccentrically motivated, as Speke, Livingstone and Burton. They go in as specialists, economists, epidemiologists, sociologists. They return somewhat less convinced. Health care, like Africa, is different. It is a field where the divining rod seems to have the edge over the pick and shovel.

The number of explorers is growing daily, impressively and sometimes confusingly. Among the academics, much information and not a few theories have been supplied by such writers as Michael Cooper and Alan Williams and by such different organizations as the Guy's Hospital Unit for the Study of Health Policy, the Office of Health Economics and the Nuffield Provincial Hospitals Trust. Government has also been busy, as the recent consultative documents from the Department of Health and Social Service and the Scottish and Welsh Offices amply demonstrate. To these ever-expanding oases of knowledge an international dimension is now given by the two publications under review.

Health Care: The Growing Dilemma is a McKinsey survey report on health needs and resources in western Europe, the USA and the USSR. In the nature of the case it says somewhat less about the last than about the West. Nor is it entirely new, being a second edition (originally published in 1974), with some additional statistical material expanded to cover Canada, Australia and Japan. It provides, however, an excellent introduction for the tourist

in its fifty odd pages of text, and its 19 tables can be and are much used by more serious students. Its author, Robert Maxwell, briskly points out the main features of 'the paradox of health care needs'. Medical advances breed problems and complexity. Success in relation to perinatal and infant mortality, an aging population, the socio-medical problem of death in middle age and new patterns of morbidity all complicate the task of health care. Complicated also is the pattern of resources: ever-increasing expenditure, patterns of manpower use and distribution, the problems of prevention and delegation of responsibility, the uses and abuses of physical facilities. The shape of need and of how it is met varies from country to country, and sometimes dramatically enough to show where there is real room for improvement.

In suggesting how improvement might be achieved, Maxwell offers four criteria, related to barriers to access, inflexibility in the use of resources, ill defined responsibilities and needless complexity and cost. His implications for action involve: '1) getting better information for managing available resources; 2) eliminating incentives to waste of resources; 3) coordinating independent services more closely; and 4) improving the assignment of responsibility for the way resources are used, over the shorter and longer term' (p 41).

Much of what Maxwell writes is eminently sensible and not a little of his advice seems to have been taken in recent DHSS planning. The major problem it poses, however, is shown by his comparison of health services with railway systems (p 33), his wish 'to tune the acute hospitals to a high pitch of efficiency' (p 51), and his desire that policy makers should 'consciously approach the organization of their health services as a means to an end - a framework for the job in hand - rather than allow it to become a battle ground for interest groups, a focus of ideological conflict and an end in itself' (p 35). This is an admirable goal; and no doubt the health professionals should overcome their suspicion 'of threats to the established order' with the thought that proposed innovations 'do indeed advance patients' interests' (p 42). But the problem is that many members of the health professions remain not only to be

persuaded, but even to be initially interested in the kind of improvements Maxwell's approach suggests. The fact is that health services are 'a battle ground for interest groups, a focus of ideological conflict and (for some at least) an end in themselves'. And part of the reason why they are is because those involved are not entirely agreed about what is 'the job in hand'. Thus without some attempt to tackle the ideological questions as dispassionately as possible, it seems likely that many politicians and health professionals will continue to go their own way, whatever management prescriptions are offered.

With a much broader canvas to cover and a more ambitious set of goals, Brian Abel-Smith is only too aware of how difficult a sensible management approach is to implement. One chapter of *Value for Money in Health Services* discusses appropriate levels of health care in developing countries. Abel-Smith commends an approach of the intermediate technology kind and suggests various ways in which this should be implemented, indeed in which it must be implemented. But will it be implemented? 'A health policy', he writes, 'can be a way of providing a share of development for those who often benefit least from economic progress. What is needed is the political will to redistribute resources. In some developing countries, particularly in Latin America, this will is absent' (p 182).

As a whole the book is not despairing; and the fact that such an experienced writer can still believe in the possibility that planning can be both rational and beneficial is in itself encouraging. It is not easy, however, to keep the problem in focus as Abel-Smith hops from continent to continent, discussing the development of health insurance and health services, the role of government, the remuneration of health professionals, control of the pharmaceutical industry, the efficient use of hospitals and many other matters. Perhaps at this stage in the debate a spotlight rather than a floodlight is the best we can hope for: the problem of making valid generalizations about health care even within one country, let alone across the world, is difficult enough. As a consequence Abel-Smith is surely correct in offering almost as many qualifications as solutions to

the problems he discusses, and correct also in his insistence that planning alone is not enough. For 'value premises must underlie any choice of priorities', and, 'ideally each community should be enabled to participate in the choice of its own priorities' (p 136).

The problem of allocation of resources in health care then is ultimately one of ethical and political choices. But such choices need to be informed, and if the information is sometimes bewildering in its complexity and tantalizing in its incompleteness, then this is in no small part a reflexion of the problems involved. Will it ever be possible to see these problems and their interconnexions as a whole and in the proper focus? This brings us back to the nineteenth century maps. For a generation, it is alleged, the British Foreign Office overrated the Russian threat to India because its use of small-scale maps made the two countries appear closer than they actually were. What, one wonders, is the contemporary parallel in health planning? Perhaps it is time for those on the frontier, in this case the health professionals and their potential patients, to articulate their priorities rather more clearly.

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