Rationing: Talk and Action in Health Care


Rationing, a word destined to bring shivers down the spines of our political masters, despite the general agreement of all who work within the National Health Service (NHS) and the vast majority of the public that, however one may choose to label it, the central issue is about how choices are to be made under conditions of scarce resources. The many authors come from within the service or from policy institutes, and include clinicians, economists and analysts. Professional philosophers are less well represented. There is little to be found in the way of underpinning assertions based on ethical theory, and where attempts are made, the results are not altogether successful.

The articles cover the entire range of issues that have attracted the interest of those working in the field. I particularly enjoyed the debate between Alan Williams and John Grimley Evans on age as a criterion for rationing, and between Tony Culver and John Harris on the objectives of the NHS. By far the most original article, I thought, was that by Len Doyal and Joanna Coast, who discuss the extent to which rationing should be made explicit at the different levels of decision making. It is so much a part of the culture of the NHS that decision making should be explicit, that counterargument to suggest that explicitness might have a disutility of its own or that it might not best serve the interests and welfare of individual patients was to me quite refreshing. Many clinicians have intuitively always believed this and have not been persuaded by the arguments for explicit and public participation. They will find some comfort in the more formal articulation of their views, not only by Coast, a health economist, but by commentators such as David Mechanic, a sociologist, and David Hunter, a policy analyst, in the referenced literature.

The second section of the book, which debates the issues described above, was the most successful and enjoyable. The first section, said to deal with "the theoretical policy debate", was less successful and in my view did not achieve its stated aim. Nevertheless there is much common sense and realism to be found in Bill New's chapter, written on behalf of the Rationing Agenda (RAG), and Chris Heginbotham's robust counter to the arguments of the idiosyncratic Anti-Rationing Group, in his chapter on the inevitability of rationing in the NHS. I was disappointed to learn that a consensus from the RAG, that the method of financing the NHS should be based on general taxation, had emerged without any discussion as to the reasons for that consensus, or without an ethical dissection of the benefits and risks of a mixed economy in the funding of health services. The central importance of equity or fairness as a guiding value in the delivery of health services can be accepted by most if not everyone, but there has been little debate as to whether the managed introduction of a private-public mix will lead to greater or lesser degrees of equity in a social environment where greater accessibility to health information and consumerism predominate, and where technical and scientific developments are likely to escalate even further the costs of health care.

In the third section useful summaries are given of practical attempts to apply rationing in real clinical situations. Experiences from other countries are always informative, and the information from both Sweden and New Zealand proves to be no exception. The attempt by David Ebbs and his colleagues to provide a framework for rationing in a general practice setting is a brave attempt, but I am not persuaded that there are no significant
conflicts of interest between the general practitioner’s (GP) role as an allocator of scarce resources and as the patient’s agent. Indeed, the article declares that “the partnership may not always be able to pursue the best interests of every patient in every circumstance”. That this should be regarded as the partnership’s responsibility is a direct consequence of fundholding; that it is the responsibility of someone or some Institution in society is inevitable. It is whether the GP can ethically make these choices that I question, and the question is not answered convincingly in the article.

This book is truly an example of talk and action in the delivery of health care. As such it provides a good lead into the current thinking of those involved in health services, and can be thoroughly recommended. What it does not do - but perhaps that was not its purpose - is to provide a satisfactory and systematic account of rationing as it relates to ethical theory. Perhaps the subject is too difficult. I believe Isaiah Berlin pointed the way by insisting that the values which we hold in society are truly incommensurable. There was a hint of this in Rudolf Klein’s piece, where he argues against the establishment of a defined package of health care to be delivered by the NHS citing that “no consensus exists about the principles or criteria that should be used in designing such a package”.

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