

## Book review

**Julian Tudor Hart** 2006: *Political economy of health care: a clinical perspective*. Bristol: The Policy Press. Paperback. ISBN 9781861348081, £14.99.

Old Testament prophets typically analyse the shortcomings of their society, and put forward a vision of how things might be better. Frequently they speak or write with arresting, poetic power on the shortcomings of the powerful and the suffering of the poor. Julian Tudor Hart, with the moving Welsh rhetoric of his writing, reads like an Old Testament prophet.

He tells us that he wrote this book to provide students of health and caring services with a ‘big picture’ of their work – how the NHS functions now and how it might help to create a more civilised society in the future.

The most impressive chapter of this book is entitled Solidarity, a concept central to his vision for the NHS. Solidarity for most of us recalls the struggle of Polish trade unionists against Soviet dictatorship. For Tudor Hart it is the much broader belief ‘that humans are all of one species, that we are social animals who stand or fall together, whose survival depends on helping one another’. It is not altruism as usually understood, but enlightened self interest. He does not mention Rawls, but clearly believes that it would be sensible to choose a health service based on solidarity, rather than on markets and consumerism, under a ‘veil of ignorance’. His compelling advocacy of this vision alone makes the book worth reading.

But his aspirations for his big picture are not limited to prophetic vision. In the chapters which precede this hymn to solidarity, he attempts a wide-ranging (and to be honest not always very clearly organised) analysis of the current state of the NHS and how it got there.

There are two mythic histories of the NHS. In the left’s myth the service was born of the social solidarity engendered by the common struggle of the Second World War. This led to a culture of dedicated professionalism amongst public sector workers at all levels, which was the envy of the world until

the 1980s, when it was progressively destroyed under the mistaken belief that market forces are a better way to provide health care.

The right’s myth is that the NHS was born of a naive belief in a planned economy, rooted in Marxism. In the Soviet Union this only worked under Stalin’s brutal regime; once threats of liquidation and the gulag were lifted, it collapsed into the demoralisation of ‘we pretend to work and they pretend to pay us’ and ultimately the demise of communism. The social democracies of Western Europe suffered similar problems of inefficiency, bureaucracy, lack of accountability and clear targets in their public services until these were reformed to introduce the more business-like culture of private enterprise.

Both these myths are only credible if you ignore a significant part of the evidence. Tudor Hart is right that the public service ethos in the early days of the NHS gave many workers a sense of being part of a worthwhile enterprise, which created a culture of excellence in activities ranging from cleaning wards to visiting the dying at home at all hours. But equally right-wing critics are right to point to consultants who spent their time in Harley Street, leaving exploited registrars to do their clinics, and porters skulking in basement cubby-holes drinking tea and playing cards while patients waited in corridors. The NHS as a publicly run and funded service was noble, fine, and produced some excellent health care at a bargain price – but it also had doctors who pursued their own interests rather than patients’ needs, long waiting lists and much inefficiency. As ever the inverse care law applied – those with the best education and natural advantages worked the system best, whilst the poor and disadvantaged got the worst of the system.

Neither myth provides a satisfactory solution to our current need to respond to the huge social changes since the creation of the NHS; a better educated, less deferential population, an enormous growth in what is technically possible for medicine to achieve; coupled with an ageing population and an increasingly demanding, litigious culture.

Tudor Hart accepts, at times too uncritically, the myth of the left, and fails to address the very real problems raised by the market critique.

Nor does he address the complexity of the outcomes of health care. He believes that health gain is the main product of the NHS – the traditional utilitarian attitude underlying much public health practice. Yet people also want other things from their health service – the sense of control (perhaps illusory) that comes from understanding their illnesses, and above all the need to be cared for when vulnerable; things where perhaps market forces have a role to play?

As he admits, his book has altogether the wrong tone for an academic work. For a work by someone committed to evidence based practice, there are far too many assertions of fact unsupported by discussion of the evidence. This problem is heightened by his publisher's decision to put a significant amount of what evidence there is as well as some subsidiary argument into notes (and not even footnotes which can be read as parentheses to the

main text, but endnotes after each chapter – surely the most user-hostile system possible).

As he says 'we have no map for the future, only a compass'. If we are to avoid the sterility of health care as a consumer product, and attain the solidarity of which he so movingly speaks, we need a new vision of how to provide health care, congruent with more of the data than the myths of the right or the left; and a practical strategy to move towards a system which realises that vision. Tudor Hart draws on his long experience of working class solidarity in the Welsh valleys to provide some thoughts which may help others build that vision and develop that strategy.

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