

Health cheque:

The truth we would all know about New Zealand's public health system

By Gareth Morgan and Geoff Simmons

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This book is one of a series written by Gareth Morgan and his colleagues about key policy issues in New Zealand. The authors aim to answer the broad question: *'Is the New Zealand public health system outstanding, world's best practice, is it average or is it a crock?'* Written in simple—and slightly roguish—language, the book covers a brief history of the health system, how much it costs, what it produces and for whom, what impact it has on health outcomes, workforce issues, and how it compares to other countries. The last chapter then suggests some possible treatment options.

The book's intended audience appears to be anyone in the general population who has an interest in the health system. While health professionals will be familiar with most of its content, they may nevertheless find the book an interesting and entertaining read, and an easy way of reviewing many aspects of the health system. The content is well-researched, being based on academic literature and statistical data as well as interviews with a wide range of people in the sector. A convenient summary of

key points is provided at the end of each chapter. It would also have been useful to have an index of topics so that readers can refer directly to any issues that are of particular interest.

While most statements are supported by evidence, refreshingly, the authors do not shy away from expressing some bold opinions of their own. For example, they describe John Key's decision to fund Herceptin as a 'gross, ill-advised political intervention', while 21 District Health Boards are 'way too many for a country of four million people'. They even go so far as to provide a 'Preparing for the end: a how-to guide' as a means of encouraging a reduction in spending on relatively ineffective but costly end-of-life treatments.

The authors are very critical of a general tendency on the part of politicians 'to contaminate the rational decision-making process with rank populism'. They seem, however, to be less aware of the tendency of political lobbies within the system to subvert rational decision-making. After all, every dollar of health expenditure is a dollar of income for someone in the system. This simple fact always acts as a constraint on efforts to shift resources from one service to another.

So what are the authors' conclusions? In terms of overall performance, New

Zealand does pretty well, given the amount that we spend. But like all other countries, diminishing marginal returns have set in so that pumping more money into the system is likely to reap fewer and fewer benefits, particularly if any additional money is spent on high tech treatments. Public health advocates will be delighted with the authors' general proposition that more money should be spent on prevention (especially in relation to obesity) and on primary care and less on end-of-life treatment (as opposed to end-of-life care).

The book makes many suggestions for changes in the resourcing and organisation of the system. These include fewer small hospitals and more superclinics, more transparent prioritisation processes, integrated information systems, and public provision of information about providers' performance. None of these suggestions will be new to those working within the sector. It is nevertheless valuable to have an independent and often hard-hitting view of the system available to a wider audience. It is also helpful to have a respected economist such as Gareth Morgan reiterate the value of public health measures and early intervention.

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