

## Health Policy and Politics

*Edited by Alison Hann, Ashgate Press, Cornwall, UK, 202 pages, US\$99.00*

It has been interesting reviewing this book for an Australian audience, given that it is about the effect of the European Union on the British National Health Service (NHS). An edited book of 14 chapters, it contains a number of useful diagrams, figures and tables, and explanatory models. Each chapter is comprehensively referenced and the cited papers are from a wide range of sources all over the world; the subject might be quite local but the papers selected to frame these analyses are undoubtedly global. Unfortunately, in undertaking an internet search we discovered that there were a number of other texts with exactly the same name making the title also rather global.

The book is the product of a number of conference papers; the final result is an informative and thought-provoking little book, more than the sum of its parts, and well worth reading. The book examines health policy at governmental and professional institutional levels, and maps out changes in policy-making processes from strictly institutional (“Sir Humphrey”) governance style, to a much more open, inclusive and consultative process. Hence, the book maps the movement within the NHS from a post-war model of social medicine to the conservative private economic overlay of the 1980s and 1990s.

Early in the book a set of legal cases frame the policy changes in the European Union (EU) in and through which health services are established as markets to which EU laws apply. This, together with local (i.e., national) governmental and professional institutional policies form the basis for the intricate examinations contained in this book.

A number of conflicts related to health services policy are discussed in detail, such as purchasing and providing, pay reforms, privatisation, and service targets—almost entirely economic and finance policy directions. It provides a critical analysis of performance measures (especially quality of care performance measures), pointing out that quality indicators measure different things

to financial indicators, which, in turn, measure different things to health care standards. Indeed, that services “satisfise” (rather than “maximise”) quality is discussed at length.

Another idea discussed at length is about the directions of the EU and the rise in health care costs on pay rates, and how consequent structural reforms and “localism” (which is one of those sometimes bad words and sometimes good) affect “horizontal spatial dispersal”. It also reflects the tensions between political and administrative imperatives.

The authors provide some excellent examples and case studies (particularly related to pharmaceuticals) of how the NHS has improved its policy-making and incrementally become more evidence-based and more inclusive. However, some instances of commissioned research results being ignored were potent reminders that politicians need results which suit them to be useful, and that there is evidence and then again, there is evidence...!

An analysis of the ways in which primary care has been recovering from the disruption of the traditional NHS funding model (apparently driven by patient demand, with the government picking up the bills), to that of general practitioners (GPs) having control but limited access to services for their patients (under the guise of choice), has provoked a “third way”, whereby service users (i.e., patients) and service providers (GPs) can now “gang up” to gain access to the services they jointly identify as badly needed.

Needless to say, we have some favourite chapters. Two Cheers for Public Health by Chris Nottingham (Chapter 9) paints a picture of the sun setting on the “New Public Health”, and the moon of evidence-based practice rising, fast. This is especially true in the areas of health promotion and population health, driven by the good old Acheson Report and the largely disruptive and disastrous reforms of the 1990s—so that the status of the Cinderella discipline of Public Health is now improving pleasingly quickly.

Another favourite was the very informative *Taking the Wait Off* by M-L O'Driscoll (Chapter 10) (our only non-gender specific author—as we don't know his/her name), which looks at reducing the protracted waiting lists for orthopaedic services; given the increasing and almost ridiculous waiting lists in most Western countries, however, this chapter may well be applicable more or less anywhere! Another was Alison Hann and Stephen's Peckham's *Politics, Ethics and Evidence: Immunisation and Public Health Policy* (Chapter 12), a detailed discussion in which the issues of individual autonomy, unethical research, conflicting medical evidence and serious adverse effects in relation to immunisation are all noted as public health ethical issues.

This book certainly contained some useful ideas to include in teaching public health policy. It was not difficult to read, and, for teaching staff and postgraduate health science students, it will be a useful addition to the library. Not to mention for public health politicians of all colours.

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# Health Law's Kaleidoscope: Health Law Rights in a Global Age

(Applied Legal Philosophy Series)

By Belinda Bennet, Ashgate, Aldershot, England, 155 pages. US\$99.95

This book is a real gem. It could, perhaps, be more accurately titled using the term “anthology” to reflect the number of already published articles within its contents; for only one chapter (Chapter 7) out of the eight presented, is purely original. Perhaps, however, that is why this text is of such high quality. That is to say, most of the content of Chapters 1 to 6, and Chapter 8, has been peer reviewed for publication elsewhere, which, in our opinion, adds to its quality and integrity, and making it a beautifully polished highly readable text. Although it is heavily weighted to reproductive issues and public health and does not address areas such as treatment, pharmacology and similar curative issues, this book is well worth reading, cover to cover, from its preface and acknowledgements to its comprehensive bibliography.

Many readers (if they do not read the informative “Preface and Acknowledgements”) will be reluctant to buy or even consider this anthology if they only refer to the contents’ page—simply because the contents page borders on being the most uninformative (perhaps even misleading) page in the whole book. What does “Rewriting the future” (Chapter 1) actually refer to? What does “Family limits” (Chapter 2) discuss? What is “Written in code”? (Chapter 3) and, what does “Autonomous bodies” mean (Chapter 7)? Perhaps such ambiguous titles are a new marketing strategy to encourage people to buy specialist texts in the hope that they will have no idea what most of the contents page is actually referring to, and, being made to feel ignorant, will have to acquire it to satisfy a new “need” and appease their ignorance. If this book was re-published, subtitles within the contents pages would be really helpful.

Nevertheless, moving beyond the contents page to chapter one, *Rewriting the Future?* concerns the positive and negative issues with regard to controversial biomedical developments (i.e., stem cell research) plus the globalisation and regulation of associated technologies. Chapter two, *Family Limits*, covers assisted reproductive

technology, reproductive rights, and, to some extent, how these issues related to eugenics, assisted conception and related parental–child rights. Chapter three, *Written in Code*, argues issues concerning cloning technology and legislative relevance and whether cloning is antithetical to human dignity. It challenges biologically deterministic definitions about the body and identity. While these previous chapters are informative about debated controversial issues, it is Chapter 4, *Reproductive Rights in a Post-human World*, which draws together the issues raised in previous chapters (conception, cloning and human dignity) to question the ethics of pre-implantation genetic diagnosis. This chapter then becomes particularly valuable as it challenges the reader to consider whether such “post-human reproduction” affects the integrity of human dignity. Bioethicists from both secular and religious perspectives will no doubt rage about this issue, although those from a religious perspective will gain little fodder from this text as it fails to mention religious, spiritual or pastoral care dynamics that are usually canvassed or at least raised within texts relating to bioethical issues.

Chapter 5, *Health Rights and Health Tourism*, is an unsettling, wide-ranging and fascinating chapter particularly for those interested in globalisation and public health issues. It summarises the relationship between health rights and the increasing market of “health tourism”, defined in this book as being: the movement of skilled health professionals; the spread of infectious diseases; access to fertility treatments; and organ transplant tourism including the contexts and regulation of such practices. Chapter 6, *Globalization and Public Health Law*, provides a concise summary of the history of selected pandemics and moves into a discussion of public health law ethics including the restriction of population movements. Overall, much law seems to be driven by moral imperatives, but an increasing mobile population, as well as fast-moving technological advances, require imaginative ways to regulate

populations when considering practices that are legal abroad but illegal at home.

Chapter 7, *Autonomous Bodies*, is an original piece of work and perhaps the least polished, shifting the focus of the text from broader globalised and community issues to self-ownership of the body—autonomous bodies. In discussion of this topic the author pursues a pragmatic approach by considering the essential issue of autonomy, human tissue, stem cells, cadaver culture and specimens from embryos and (again) assisted reproductive technology. While they undertake a more philosophical approach by canvassing feminist theories of autonomy and thus the issue of justice, it is a pity that within this chapter the author fails to thoroughly consider other bioethical principles—namely beneficence, and, more particularly, non-maleficence—which, while currently not trendy, is nevertheless an important consideration when one considers duty of care, particularly with respect to embryos and their potential to develop into people; or are the authors in denial that non-maleficence is no longer important? Along with this issue, it is difficult to believe that the authors failed to discuss or even mention the issue of euthanasia.

Chapter 8, *Health Law's Kaleidoscope: Concluding Thoughts*, is the author's attempt to bring a variety of issues covered in the book into some form of coherent argument for the importance of health and law professionals to recognise that, while there is a tremendous variety of contemporary and controversial bioethical topics, there is nevertheless an increasing

globalised commonality—and hence the need for a “connected vision” of health law.

The chapters move quite seamlessly from each of the health problems they address to the legal issues they raise, and even sometimes use other disciplines as transitional explanatory models (e.g., example Giddens' analysis of a risky society in considering the public fascination and eagerness for new technologies while mistrusting the changes and challenges they bring). Illustrations are elegantly used—Dolly the sheep is accompanied by Huxley's *Brave New World*, for example.

Overall, this text was informative and enjoyable to read. While the contents page was lacking description, there is some good news in that the index pages are quite detailed. There is also an extended bibliography listing cases and legislation from a number of different countries that relate to health law issues. We highly recommend this book for its connectedness of health law issues.

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