

Books that have changed health services and health care policy

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Introduction

Which books have had the greatest impact on the development of health services and health care policy? When the two of us compared our own 'Top Ten' list and found only two books in common, we decided to ask the same question of a group of some of the leading, most experienced people in health services and health care policy research. And who better than the 39 current members of the editorial committee and advisory board of this journal?

Our approach

We first invited people to suggest their Top Ten books, stressing that we were interested in books that they thought had had the greatest influence on health services, rather than on health, and in general rather than on one particular country or system. Our definition of 'books' included anthologies and official reports. Of the 39 people invited, 25 responded (64%) providing 135 unique suggestions. The books represented the full range of disciplines that contribute to research on health services and extended in age from Hippocrates to a book published in 2004. The majority (77%) were published in the last 35 years. The full list is available at www.ingentaconnect.com/content/rsm/jhsrp/2006/00000011/00000003/art00009. This stunning lack of overlap among our experts (135 different suggestions out of a possible total of 250) may be due to a lack of intellectual focus in this multidisciplinary field or it could be due to the breadth of the question we asked or both. In order to tighten the focus, the list of 135 books was returned to our experts.

We then asked them to rate each suggestion on a nine-point scale from 'no influence' to 'a profound influence' on health services (rather than on them personally). If they were not familiar with a particular book, there was the option of expressing 'no view'. We got a similar response rate, 26 out of 39, made up of eight from North America (5 USA; 3 Canada), 16 from Europe (including 11 from the UK), and two from

Australia and New Zealand. The primary disciplinary backgrounds of respondents were sociology (4), epidemiology (7), economics (5), management (3), policy (2), psychology (1) and four generalists. Nine respondents also had a clinical background (6 medical, 2 nursing, 1 pharmacy).

While 85 of the 135 books were known to at least half the respondents, the other 50 books were known to only a minority of respondents. Not surprisingly, the better known a book was, the more influential it was considered to have been. This raised the issue of whether to base the aggregate rating of a book on the responses of all the respondents (by giving a rating of zero for those without a view) or to limit it to those who were familiar with the book. We chose the former on the grounds that lack of familiarity indicates a book's lack of influence on health services. We discuss here the 20% (n = 27) of books (Table 1) that attracted the greatest support grouped by five major themes.

Critiques of medicine and health care

Three books from the 1970s exemplify a decade in which many established beliefs were challenged, a phenomenon not limited to the health sector. From the UK, came Archie Cochrane's *Effectiveness and efficiency*, in which he questioned the knowledge base of medicine, calling for rigorous evaluation of the effectiveness of interventions, and Tom McKeown's *The role of medicine* in which he suggested that improvements in health were due as much if not more to social and environmental changes than to health care. From the USA, came one logical response to such critiques, that of the laity taking matters into its own hands – the Boston Women's Health Book Collective produced *Our Bodies, Ourselves*, a challenge to a male-dominated medical service and a call for women to empower themselves. In some ways it emulated an equally radical book for its time, Benjamin Spock's *The Commonsense Book of Baby and Child Care*, published in 1946 for the post-war generation of parents. The impact of both these books on health services and health care professionals is difficult to determine. As each sold over a million copies, they presumably had an effect on parents.

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Table 1 The 20% of suggested books considered to have been the most influential

Berwick DM, Godfrey AB, Roessner J. <i>Curing Health Care: New Strategies for Quality Improvement</i> . San Francisco: Jossey-Bass, 1990
Beveridge W. <i>Social Insurance and Allied Services</i> . Cmnd 6404. London: HMSO, 1942
Boston Women's Health Book Collective. <i>Our Bodies, Ourselves</i> . New York: Touchstone Books, 1976
British Medical Association & Royal Pharmaceutical Association. <i>British National Formulary</i> . London: Pharmaceutical Press, 1981
Bunker JP, Barnes B, Mosteller F. <i>Costs, Risks and Benefits of Surgery</i> . Oxford: Oxford University Press, 1977
Chadwick E. <i>Report From the Poor Law commissioners on an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain</i> . London, 1842
Chalmers I, Enkin MW, Keirse MJ, eds. <i>Effective Care in Pregnancy and Childbirth</i> . Oxford: Oxford University Press, 1981
Cochrane A. <i>Effectiveness and Efficiency</i> . London: Nuffield Provincial Hospitals Trust, 1972
Codman EA. <i>A Study in Hospital Efficiency as Demonstrated by the Case Reports of the First Five Years of a Private Hospital</i> . Boston, 1916
Committee on the Costs of Medical Care. <i>Medical Care for the American People (Report No. 28)</i> . Chicago: University of Chicago Press, 1932
Donabedian A. <i>An Introduction to Quality Assurance in Health Care</i> . Oxford: Oxford University Press, 2002
Donabedian A. <i>Concepts of Health Care Quality: A Perspective</i> . Washington, DC: National Academy of Sciences, 1974
Enthoven AC. <i>Reflections on the Management of the National Health Service: An American Looks at Incentives to Efficiency in Health Services Management in the UK</i> . London: Nuffield Provincial Hospitals Trust, 1985
Enthoven AC. <i>Theory and Practice of Managed Competition in Health Care Finance</i> . North Holland: American Elsevier, 1988
Frlexner A. <i>Medical Education in the USA and Canada</i> . Boston: Updyke, 1910
Goffman E. <i>Asylums: Essays on the Social Situation of Mental Patients and Other Inmates</i> . London: Penguin, 1961
Institute of Medicine. <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . Washington, DC: National Academies Press, 2001
Institute of Medicine. <i>To Err is Human: Building a Safer Health System</i> . Washington, DC: National Academy Press, 1999
McKeown T. <i>The Role of Medicine. Dream, Mirage or Nemesis?</i> Oxford: Blackwell, 1979
Newhouse J, the Insurance Experiment Group. <i>Free for All? Lessons From the RAND Health Insurance Experiment</i> . Cambridge, MA: Harvard University Press, 1993
Nightingale F. <i>Notes on Hospitals</i> . London: Parker & Son, 1859
Nightingale F. <i>Notes on Nursing: What It Is and What It Is Not</i> . London: Harrison, 1860
Report of a Research Working Group (Chair: Black D). <i>Inequalities in Health</i> . London: Department of Health & Social Services, 1980
Sackett DL, Haynes RB, Tugwell P. <i>Clinical Epidemiology: A Basic Science for Clinical Medicine</i> . Boston: Little, Brown, 1985
Spock B. <i>The Commonsense Book of Baby and Child Care</i> . New York: Pocket Books, 1946
Titmuss RM. <i>The Gift Relationship. From Human Blood to Social Policy</i> . London: George Allen & Unwin, 1970

Evaluation

The call for the evaluation of health care issued by Cochrane in 1972 was taken up on both sides of the Atlantic. In the USA, John Bunker, Benjamin Barnes and Fred Mosteller looked at the *Costs, Risks and Benefits of Surgery* in a way that confirmed that traditional assumptions about health care did indeed need to be questioned. Meanwhile, in the UK, work was underway to systematically assess and document the value and appropriate use of health care technologies. In 1981, the British Medical Association and Royal Pharmaceutical Society started producing the *British National Formulary*, the 'drugs bible' for doctors, while Iain Chalmers, Murray Enkin and Marc Keirse published *Effective Care in Pregnancy and Childbirth*, a monumental achievement in which, for the first time, all the research evidence in a field of health care was systematically identified, assessed and synthesized. As with the earlier work on surgery, many of their findings undermined professional and lay faith in health care. Meanwhile in Canada, a group of physicians and epidemiologists had been developing the science of evaluation, which they disseminated in 1985 in *Clinical Epidemiology: A Basic Science for Clinical Medicine*. David Sackett, Brian Haynes and Peter Tugwell's book helped promote the methods of evaluation to the clinical community. It also laid the basis of what was to become the 'evidence-based medicine' movement, and later evidence-based nursing, management and policy.

Health system policy

Consideration of the extent to which health care systems were achieving their primary aim of meeting

people's needs and improving population health has a longer history than that of microlevel evaluation. In 1842, Edwin Chadwick led a review of the provision of services for the most deprived populations in Great Britain, entitled the *Report from the Poor Law Commissioners on an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain*. This not only raised awareness of the inadequacies of statutory provision of health care through the workhouses but also eventually contributed to improvements. A 100 years later, anticipating the peace that would follow the Second World War, William Beveridge laid out his vision for a modern welfare state, including a national, publicly funded health system, in his report *Social Insurance and Allied Services*.

While the principal concern in the UK, and most of western Europe, had been achieving social equity, in the USA mounting health care costs preoccupied policy-makers. In 1932, the Committee on the Costs of Medical Care published its 28th report, *Medical Care for the American People*, which recommended national health insurance, group practice and health planning. The researchers associated with this large effort trained some of the next generation of health services researchers and policy analysts in the USA.

Unremitting increases in health care costs in the USA have meant that concern about how best to fund health services, and how to control costs, have continued to dominate American health services research and policy analysis. In 1988, Alain Enthoven's influential ideas of managed competition were laid out in the *Theory and Practice of Managed Competition in Health Care Finance*, while Joseph Newhouse and colleagues contributed

powerful empirical evidence from the largest experiment in funding ever conducted, which appeared in 1993 as *Free for All? Lessons from the RAND Health Insurance Experiment*.

Meanwhile, with an ongoing commitment in the UK to a public, tax-based health system, research and policy analysis focused on the functioning of the system. One of the most influential studies, published in 1970, was Richard Titmuss's exploration of blood donation, *The Gift Relationship*. Any complacency as to the success of the British system in achieving equity was challenged by a government commissioned report, somewhat reluctantly published in 1980, *Inequalities in Health*. The authors, led by Douglas Black, exposed the extent of the differences in survival by socioeconomic group, suggesting these were in part the responsibility of health services. However, by then the government was more concerned about efficiency and was greatly influenced by the views of an American visitor, Alain Enthoven, who, in *Reflections on the Management of the NHS: an American Looks at Incentives to Efficiency in Health Services Management in the UK*, suggested introducing competition into a public system. Thus the concept of the internal market was born.

Organization and delivery of care

Of the countless books on how best to organize and deliver care, three were deemed particularly influential by our respondents. Two were by the same author and were published over 140 years ago. Florence Nightingale's *Notes on Hospitals* (1859) and *Notes on Nursing: What It Is and What It Is Not* (1860) helped create the hugely powerful institutions that have dominated health care for decades, the hospitals. While many others contributed, including doctors, architects and engineers, Nightingale's influence in transforming hospitals from places of refuge for the destitute and working poor into citadels of cure and healing was immense.

The other book thought to have had a profound influence on service provision was published a 100 years later in 1961. Erving Goffman, a sociologist, based *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* on his own observations of the large asylums that used to ring our major cities. It challenged the 19th century belief in the benefits and humanity of providing a remote refuge or asylum for those who were, in different ways, failing to cope with life. He saw the detrimental effects of institutionalizing people and fuelled a debate that led to radical changes in policy as to how services for those with mental illnesses and learning difficulties are organized.

Quality improvement

Unlike the themes already discussed, all seven books on quality improvement thought to have had a major influence come from one country, the USA. In the early 20th century, increasing concern about the quality of

medical education led to the highly influential report by Abraham Flexner, *Medical Education in the USA and Canada* (1910). While its intentions and impact have been debated ever since, it introduced national criteria and standards for medical schools. About the same time, Ernest Codman, a surgeon in Boston, had the temerity to suggest in *A Study in Hospital Efficiency as Demonstrated by the Case Reports of the First Five Years of a Private Hospital* that he and his colleagues should monitor the outcome of their patients. A 100 years later and his challenge is finally being met.

Modern quality improvement dates from the 1970s and was influenced by the work of Avedis Donabedian. In his 1974 book, *Concepts of Health Care Quality: A Perspective*, he laid out the basic model of inputs, processes and outcomes that has guided thinking ever since. It lies at the heart of more recent and more sophisticated contributions such as Don Berwick, Blanton Godfrey and Jane Roessner's *Curing Health Care: New Strategies for Quality Improvement* (1990).

Recognition of the importance of improving the quality of health care was brought home to any who doubted it in 1999 with the publication of the Institute of Medicine's exposé of the dangers of iatrogenesis, *To Err is Human: Building a Safer Health System*. Two years later, the institute widened its concerns with publication of *Crossing the Quality Chasm: A New Health System for the 21st Century*. Meanwhile, Donabedian's influence was still being felt and spreading worldwide with *An Introduction to Quality Assurance in Health Care*, published in 2002.

And of the other 108 books...

Perhaps as interesting as the books that made the top quintile is those that did not. In particular, those books that at least five respondents rated very highly but others dismissed. There were nine that polarized the group in that way: Elisabeth Kubler-Ross' *On Death and Dying*; Hippocrates' *Works*; Ivan Illich's *Medical Nemeses*; Richard Titmuss' *Essays on the Welfare State*; Elliot Friedson's *Profession of Medicine*; Mike Drummond, Greg Stoddart and George Torrance's *Methods for the Economic Evaluation of Health Care Programmes*; Victor Fuchs' *Who Shall Live?* and the report of the DHSS England Working Party on Resource Allocation, *Sharing Resources for Health in England*.

Reflections

We doubt that anyone has read all these books. If this is a unified field of inquiry should every one be working from a common set of ideas? Or is this a field which is discipline and country-specific with a limited common focus? The list certainly reflects the range of respondents' disciplines and countries. It might also reflect the difficulty we all share of distinguishing 'influence on the field of health services' from 'influence on one's own thinking'. However, this may be less of a problem

because of the leadership roles played by many of our respondents.

Is this exercise any more than a game played by academics? While we make no great claims for its importance, let alone validity, we believe that an accepted canon of influential books is among the

factors which define an intellectual field, along with its practitioners, their society memberships, the content of their journals, their citation networks, their accepted theory, commonly used research methods, their standard textbooks and their area of inquiry. We would be interested in people's reactions and comments.

Top Ten Survey book list

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4. Allison GT. *Essence of Decision: Explaining the Cuban Missile Crisis*. New York: Harper & Collins, 1971
5. Anderson OW, Feldman JJ. *Family Medical Costs and Voluntary Health Insurance: A Nationwide Survey*. New York: McGraw-Hill, 1956
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