

Book reviews

Coulter, A. and Ham, C. eds 2000: *The global challenge of health care rationing*. Buckingham: Open University Press. 267 pp. £19.99. ISBN 0 335 20463 5.

From the premise that health care rationing or priority-setting is not only inevitable but ethical, this book brings together a truly international collection of current experience. The book is the product of the Second International Conference on Priorities in Health Care, held in 1998. Although the writing style varies from chapter to chapter, the contributors share an unquestionable commitment to tackling the technical and philosophical challenges of health care priority-setting.

The fulcrum of the book is provided by the levathan's debate between Alan Williams and Rudolf Klein on the vexed question of whether it is lack of evidence or inadequate institutions that form the stumbling block to explicit priority-setting in health care.

Those who are familiar with the health care priority-setting debate will be interested in updated experiences from the Nordic countries and New Zealand. The complexities of addressing the need for priority-setting within these mainly public systems are multiplied in the US context, where federal and state governments, employers, insurers and the clinical professions together determine the alloy of public and private health care. A truly global perspective is provided by the inclusion of the health care priority-setting experience of developing countries, such as Pakistan. The threat of nuclear conflict between India and Pakistan adds sobriety to the health care priority-setting debate in that region.

The editors draw a number of lessons from contributors' experiences – among these, that responsibility for priority-setting lies at several levels in regulated health care systems, that explicit rationing involves technical evidence and human judgement, that a wide range of views are necessary (i.e. public, clinical and institutional), that attempts to define a basic basket of health care services have

proved problematic, that emphasis placed on the use of evidence of clinical effectiveness and cost-effectiveness is part of a more fundamental move to strengthen the scientific base of health care delivery, and finally and most significantly that the process of health care priority-setting is itself as important in securing legitimacy of decisions in health care priority-setting as the eventual priorities that are set.

The editors conclude by asking why, in some countries, politicians have grasped the priority-setting nettle, whilst in others they have failed to do so. The editors acknowledge that there seems to have been a recoil from explicit priority-setting due to the political costs of transparency and accountability in what are inescapably difficult value-laden choices. An excellent reference list supports what must be viewed as a most interesting and worthwhile read.

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Something from nothing – two books about innovation

Handy, C. 1999: *The new alchemists*. London: Hutchinson. 238 pp. £16.99. ISBN 0-09-180215-6.

Peters, T. 1998; *The circle of innovation*. London: Hodder & Stoughton. 519 pp. £9.99. ISBN 0-340-71721-1.

Peters and Handy are currently two of the most influential and distinctive writers on management and organizations, so it is perhaps significant that their most recent offerings address the same subject, namely innovation.

Handy gives us brief portraits of 29 ‘alchemists’, defined by Handy as ‘people who have created something significant out of nothing’. They range from the ubiquitous Richard Branson and Terence Conran to less prominent but no less impressive people such as Jane Tewson, an innovative fundraiser, and William Atkinson, the headmaster of the Phoenix School. Reflecting on these ‘alchemists’, Handy suggests what has influenced them and what characteristics they share. His observations raise important questions both about how we develop people and about how organizations can encourage innovation.

For example, Handy found that half of his sample had left formal education by the age of 16 or 18 years. Many of them added to their skills or knowledge as and when they saw a need. How is it that schools and colleges fail to recognize and develop people of significant ability? Is it that our definition of intelligence is too narrow and we miss the talents of people who are gifted in areas other than IQ? Handy says that alchemy, this innovative process, is ‘unruly, it leaps boundaries . . . defies conventions’. If this is the way in which innovative people act, could it be that our educational system and our organizations have exactly the wrong culture to be able to recognize and encourage such people?

Handy also found that many had had what he calls ‘nuggets of confidence’ planted in them in early life by adults other than their parents – often teachers – who praised their ability or gave them an opportunity to prove themselves. His work reinforces the importance of mentors and role models, and highlights the need for those of us in positions of influence to invest unselfishly in people who may be even more gifted than ourselves.

As one might hope, given the subject matter, Peters’ book is very different. Although Handy’s is a beautifully produced volume, reflective and reasoned in style, and featuring photographic portraits of the subjects by Elizabeth Handy, Peters uses arresting images and slogans to enhance the challenging and provocative message of his book. If Handy’s book is thought for the day, Peters is an overloud alarm clock.

Instead of 29 portraits, Peters give us 15 ‘big ideas’ with intriguing titles such as ‘Destruction is Cool!’ or ‘It’s a Woman’s World’. The book is peppered with quotations such as the following from J.M. Keynes, which may ring true for many bruised NHS innovators: ‘The greatest difficulty in the world is not for people to accept new ideas, but to make them forget about old ideas’.

Peters argues that such is the rate of change in almost every area of life that people and organizations have to innovate constantly just to survive. Incremental evolution is not enough, he suggests – revolution is needed. In refreshing contrast to the worthy if often uninspiring gospels of quality and re-engineering, Peters preaches risk-taking and radical change. To managers and professionals his message is that if we can’t say how we actually make our organization a better place, we’re out! He goes on to suggest steps we can take to be part of what he calls the ‘white-collar revolution’.

It is possible to dismiss Peters on the basis of his abrasive style, unjustified assertions and unscholarly language. However, much of his message about people and organizations has a ring of truth, even if the medium is unpalatable for some. It may be that he exaggerates in order to make a point, but for the reader who perseveres through the unconventional format, there is a reward of fresh insights and practical steps towards innovation and change.

In viewing the challenges – both clinical and managerial – that face us, innovation is essential if we are to make significant progress. To achieve more with the same resources and to overcome sectional interests we need new approaches rather than just longer hours. These two books are helpful both in challenging our complacency and in pointing the way towards creativity and innovation.

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