

BOOK REVIEWS

Cross-National Study of Health Systems, by RAY H. ELLING.
Transaction, New Brunswick, NJ, 1980. 253 pp. £15.95.

More than anyone else, Ray Elling has been working towards the development of an organized system for the "cross-national study of health systems" (CNSHS). While some scholars may have greater empirical experience of other country's health care systems, or attempted comparative studies between selected countries, no-one has worked so consistently at the development of a comprehensive analytic framework for such comparisons. To some degree at least, the possibility for the development of such an analytic framework has been hampered by developments over the past two decades or so in what has come to be called, "international health".

The traditional concept of international health in the United States and Europe had been primarily one that was concerned with the ways in which industrialized countries organized their health care systems. The health problems of other parts of the world, the so-called developing countries were mostly subsumed under the rubric of "tropical medicine" (actually the bulk of disease problems falling under that title were not tropical at all, in that most of them had been common in Europe and North America at some earlier time). During this period, from the perspective of relevant academic bodies, international health activities primarily meant scholarly relations, e.g. faculty and student exchange, joint research, etc. between academic institutions based in different countries (of course there were the usual exchanges within countries). Studies in so-called tropical medicine were mostly laboratory based and field tested with the initiatives coming almost entirely from the industrialized (usually colonial) powers.

With the coming to independence of the former colonial territories, the focus of international health has changed significantly. Although aspects of the older relationships in international health still continue, that is, comparative studies and exchange concerned with industrialized country health care systems, the central aspect has shifted, in response to funding possibilities, to that of an essentially service (aid relationship) between industrialized-country-institutions (us) and those of developing countries (them). This relationship has dominated the field over the last twenty years or so. International health, in the U.S. anyway, has come to be primarily this kind of service activity funded, in particular, by the United States Agency for International Development. Without commenting upon the intrinsic quality of the work which has ensued from this pattern of activity, or its effects upon developing countries, it is clear that such funding has, at the very least, inhibited the range of issues which could be seriously examined as part of the studies of health systems on a cross-national basis. This becomes especially clear when CNSHS is taken to mean, as Elling does, the study of health systems in the context, and as a reflection, of the overall socio-economic structures in which they are imbedded.

Elling rejects the "management perspective" as the basic approach to the study of health systems. He argues that such studies "tend to be ahistorical and atheoretical" and are innocent of serious examination of the political-economic national and world-system contexts of health systems. Such studies may even ignore the structure and functioning of the broader health systems within which the particular problem or fact under study occurs. Such studies reflect

a technocratic mentality and usually lead to recommendations at the level of "tinkering" or "patching" (page 234). The preferred method of work for Elling is termed "progressive-holistic" and is described as follows:

Work from the "progressive-holistic" perspective understands societies as involving class conflict and sees the state apparatus and medical-health systems as mediating this conflict in favor of the ruling class in capitalist societies. The historical developments and political-economic conditions are viewed as primary, with value orientations and beliefs flowing from these fundamental changes in the broad political-economic order, particularly placing control over the production and distribution of resources in the hands of the working masses. The ways in which CNSHS can contribute to work from this perspective are quite clear. As already suggested, models or sets of interwoven principles can be identified and held up against the realities of our surrounding health services systems and societies. Thus contradictions can be highlighted, consciousness raised and an impetus for "nonreformist reform" created (p. 236).

Overall, the book is well structured. It opens with some introductory remarks followed by chapters on the world political economy and, then, methodological and data considerations. Chapter four sets the stage for the specific case studies offered in chapters five and six. For purpose of these case studies, two countries each were selected in Africa (Tanzania and Ivory Coast), Asia (China and India), Latin America (Cuba and Brazil), the Middle East (Syria and Saudi Arabia) and Europe (German Democratic Republic and Federal Republic of Germany). These countries' health systems are discussed and then ranked on a scale of 0 (low) to 10 (high) in keeping with 10 criteria offered by Elling, as follows; regional definitions, a graded hierarchy of regional services, an integrated authority structure, a two-way flow of co-ordinated exchanges, thrust toward the periphery, closed-ended financing, the least trained persons are doing tasks they can do, continued education, citizen involvement, local goals. On the basis of these criteria Tanzania scored 8, Ivory Coast 0, China 9, India 2 or 3, Cuba 8 or 9, Brazil 0 or 1, Syria 6, Saudi Arabia 0, East Germany 7 or 8 and West Germany 2 or 3. By these criteria it is likely that the U.S. System would also not rank higher than 2 or 3, if that! Elling then goes on, in chapter 7, to discuss some particular health service problems in the light of the earlier analysis; he does the same, in chapter 8, with regard to overall relationships between health systems and their wider socio-economic environments.

The final chapter of the book is concerned with the "Prospects for CNSHS", especially within the context of the "progressive-holistic" approach. This question relates to the earlier discussion here of the influence of the 'aid perspective' on the study of health systems in a cross national perspective. In this regard it is useful to note that a number of quite recent developments are rapidly making this older (aid) model redundant: this is certainly not to suggest that elements of it will not continue, there will be situations in which industrialized country institutions will dominate particular (scholarly or other) exchange relationships with Third World country institutions, but these are likely to grow fewer in number and be increasingly dependent upon special political relationships of an inter-governmental character. The international political and technical

changes of recent years have encouraged the multilateral and bilateral agencies to approach health (as other) development issues differently than they had in the past. The World Health Organization, for one, now recognizes how wrong is the view that "we" can make "them" healthy; rather, only they can make themselves healthy. This is not to say that "we" have no role at all to play in this process, but it can only be in a truly collaborative relationship between "us" and "them".

During recent years relatively few resources have been made available for "international health" by U.S. universities, foundations and other scholarly bodies. The aid-type activities, which are carried out, had been based primarily upon soft money grants offered with the expectation/hope that recipient institutions would in time bring their own resources to bear in the area of international health. These expectations have seldom been met. Despite the general willingness of university groups to fulfill service roles for developing countries, as the field of international health mostly came to be perceived, such activities were not seen, in terms of teaching and research, as being truly scholarly endeavors. To a very considerable degree the universities were correct in their perception, at least as regards much of the soft money activities supported typically, by the U.S. Agency for International Development.

With regard to developed-developing country academic linkages in the field of health (as in others), what is most needed now are appropriate institutional relationships based upon mutually recognized and acceptable scholarly interests. In other words, it is time to discard the "aid relationship" and move (back) to the commonly accepted basis of collegial academic exchange as is practiced in relationships between U.S. institutions and those of Canada or Britain or Sweden, etc. Of course, there will be many areas in which an American academic institution will enjoy a comparative advantage when contrasted with comparable institutions in the Third World, but it is also certainly the case that in other areas Third World institutions will enjoy advantages which American institutions do not.

Are there any criticisms to be made of the book under review? Yes; however, most of them arise out of the inherent difficulties involved in attempting a wide ranging analysis in an area which has been so relatively little explored. Overall, this book represents a significant contribution to a field which is certain to grow in importance. It can be recommended to all those interested in health issues, and perhaps especially to those working only within the U.S. environment. This is so because the vast majority of students in this field are consistently denied exposure to alternative ways of thinking about the development and basic restructuring of health systems, and especially so if that restructuring is seen as part of a wider reordering of society. This book would be a valuable addition to all teaching activities, international or domestic U.S., concerned with such areas as health policy/politics, planning, management and administration, or medical care organization.

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OSCAR GISH

Self-Medication, edited by J. A. D. ANDERSON. MTP Press, Lancaster, England. Distributed in U.S.A. by University Park Press, Baltimore, MD, 1979. 126 pp. \$16.50

Conferences on self-medication have recently been held in Britain and the U.S.A., each sponsored by the respective trade association. This volume is an edited account of the proceedings of the London meeting, held in January, 1979.

(A condensation of papers read in Washington in March 1980, is available at no charge from the Proprietary Association, 1700 Pennsylvania Avenue N.W., Washington, DC 20006.)

Comparison of accounts of the two conferences reveals some expected differences. Where American panelists refer to the effects on health of "life-style", John Fry, a general practitioner from Kent, says more directly that "much of the prevailing poor health in our society is caused by personal bad habits". The proceedings reflect, also, the differing economic and political stresses on our two systems. In each case self-medication is seen as a useful counter to an urgent problem: service overload in Britain and uncontrolled costs in the U.S.A.

More interesting, however, is the similarity in the amount of over-the-counter drug use in the two countries. Self-diagnosis and self-treatment emerge as clearly the usual way that illness is handled on both sides of the Atlantic and seem no less in Britain, with its highly-structured system of free general practitioners, than in America where economic and structural barriers are said to limit access to primary care providers.

One survey of young women in London disclosed that only one in 30 episodes of symptomatic illness was referred to the physician, many more being treated with over-the-counter agents. The study was based on a sample of 198 women, aged 20-44, who were asked to keep a symptom diary for one month, listing any symptoms they might have, and what they did about them. Out of a possible 5940 symptom days the panel recorded 1978; something wrong, on the average, a third of the time. Of the 1978 symptoms, 349 were headache, 198 tiredness and change in energy, 142 backache, 126 cold, 98 emotional disturbance, 95 disturbance of gastric function (does this include constipation?), 90 sore throat, 87 abdominal pain, 74 cough, 55 toothache, 50 bleeding or other abnormal nasal discharge, 48 menstrual problem, and 566 other.

The same group of 198 women consulted their doctor (D. C. Morrell of the St. Thomas's Hospital Medical School General Practice Teaching and Research Unit) 432 times during the course of the full year. Thus (assuming the 1978 complaints in one month to be a reasonable representation of an annual rate) only about 3% of all recorded symptoms resulted in a medical visit. Furthermore, the reasons for visits to the doctor, while not identical, were not widely dissimilar.

Another study found that 9 of 10 adults had suffered some or other episode of ill health during the preceding two week period, again with only a small percentage of such complaints being brought to the doctor. This was so even though the out-of-pocket cost to the British consumer is higher for drugs purchased over-the-counter than those obtained by prescription from a National Health Service physician. Overall in Britain over-the-counter drugs are taken twice as often as prescription ones, even though their aggregate monetary cost is less.

Non-prescription medicines are among the most heavily advertised of all consumer goods. To what degree is advertising responsible for their use? Apparently not as much as one might think; 90% of over-the-counter treatments are with agents also used previously. Apparently consumers are satisfied with the efficacy of the drugs they take. Another survey found that users said the drugs were effective 2/3 of the time, twice the expected 1 in 3 rate of placebo benefits.

A pleasant surprise in Anderson's volume is a consideration of who is to suggest possible alternatives to self-medication such as:

- (1) A walk in the fresh air for headaches;
- (2) humidification of centrally heated air for upper respiratory systems;
- (3) a sheet of blockboard for a sagging bed and backache;