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Feature

Open Letter

To Health Care Professionals and Researchers: Take Courage and Unite!

Dear Researchers

> 'Everyone, including the government, should realise that the inappropriate application of managerial innovations can do as much, if not more, harm to patients as an untested drug, device, or surgical procedure'.[1]

Health care reforms, led by market ideology, are sweeping the globe—East and West[2]—as governments struggle to control public sector spending. In the UK every public sector service has come under close scrutiny in the effort to contain costs and keep taxes low. The terms 'effectiveness' and 'efficiency' have become synonymous with 'cost-containment' and are used increasingly to whip up emotive pictures of wasteful, squandering, carelessly managed public services. Under the banner of these words new administrative structures are being introduced in order to give free rein to the ideology of the market. Many health care workers are increasingly dismayed by what they are witnessing: costly administrative structures are being introduced untested, even though it is conceivable that their presence will actually reduce resources available for direct patient care. And, crucially, the new market philosophy threatens to switch the focus of care away from the population as a whole. In the market place there are always winners and losers, and it is likely that the losers will be the most vulnerable: people who are old, chronically sick or financially poor.

All this is well-known, so why are we experienced researchers not doing more to analyse untested policy initiatives? Given that one of the striking international trends in recent years has been a greater emphasis on measuring effectiveness, lack of research activity in this area seems inexplicable. In recent years there has been widespread recognition that much of what happens in health care has not been fully evaluated in terms of health outcome. Health economists and managers in particular continue to be highly critical of health professionals in this respect—taking delight in pointing out that only a few of existing medical procedures have been rigorously tested. There are calls to develop an increased range of formal procedures to weed out ineffective activities which may be soaking up resources which could be re-directed to more worthwhile areas.

'Not one of the studies asks whether resources are being allocated fairly'

In the UK, for instance, mirroring the US national programmes of Health Technology Assessment and Research and Development, huge research agendas are being established to look at clinical effectiveness. The Department of Health has set up a major Research and Development Programme, within which research on effectiveness has been described as:

> '... the centrepiece of the NHS R and D Programme ... [which] reflects the growing demand for greater evidence on the costs and effectiveness of the vast range of interventions performed throughout the service'.[3]

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Yet, as in the US, none of these studies addresses the most fundamental issue, that is: are resources being allocated fairly and on the basis of health care needs? Instead, the focus is on the minutiae of medical and nursing practice, and on ways of delivering these services, while some of the most dramatic and potentially far-reaching changes in health care policy escape scrutiny.

Not only is the evaluation of structural reform to the NHS excluded from this official agenda of research and development, but the government has not funded any outside programmes to evaluate the massive changes it is introducing into the system. In fact, Kenneth Clarke, the Minister of Health who introduced the reforms, strongly denied the need for formal monitoring and evaluation when challenged on this omission, and expressed the view that calling on the advice of academics in this way was a sign of weakness.[4]

'Evaluation of the NHS's structural reforms is excluded from the official research agenda'

So we have a situation where on the one hand the Department of Health and politicians are taking credit for setting up systematic assessment of effectiveness for a circumscribed set of activities, while on the other they are forging ahead with major organisational changes without any intention of evaluating the costs and benefits of these much more far-reaching policies. And, as if to add insult to injury, in some cases they are ridiculing the need for such assessment.

Received Wisdom, or Myth?

Despite the above, many countries are looking to the UK NHS reforms to inform proposals for change in their own countries. Because of the lack of serious evaluation, much of the political rhetoric—and some of the major assumptions on which these market-oriented reforms are built—are being accepted without challenge. Some of the assumptions have already acquired the status of 'received wisdom', but we should be asking much more critically: are these not myths? The assumptions that need rigorous evaluation include the beliefs:

'Much of the political rhetoric is being accepted without challenge in countries looking to copy the UK reforms'

- that we can no longer sustain a comprehensive service for all;
- that the NHS, as a state-run enterprise, was grossly inefficient and wasted resources;
- that market-led competition makes health care systems more efficient and drives down prices;
- that patients now have higher expectations, are more demanding, and so are contributing to escalating costs;
- that competition increases patient choice and improves quality;
- that it is better to have many small, self-governing units competing with one another, than to have a centrally planned system with local strategies for delivering health care;
- that market competition will bring about a system that will meet the entire population's health care needs.

These and other assumptions are based on economic models largely untested in the context of health care systems. There is little evidence relating to these assumptions, and what there is suggests that they might well be wrong.

The fact is that policy analysis of managerial innovations and health care reforms is inhibited by lack of official recognition and financial support for evaluations of this nature. But there are additional reasons why some of the very people who are best placed to monitor what is happening in health care systems—health professionals and academic researchers—are inhibited from doing this kind of research and raising awareness of the considerable problems. In a sinister development, some health professionals working in the NHS have had confidentiality clauses inserted into their contracts of employment restricting what they can say and who they can speak to about the

service they work in.[5] Over the past year, we have been treated to the spectacle on British television of doctors and nurses speaking out about the effects on patient care of the NHS reforms with their faces blanked out, because they are afraid of losing their jobs if identified.

University departments, at one time noted for their independence in the research they conducted, are increasingly relying on bids for short-term contracts to fund their research, and some appear reluctant to jeopardise those contracts by undertaking work which might turn up results which call official policy into question.

'Some health professionals have had confidentiality clauses inserted into their employment contracts'

They prefer to lie low and select safer topics. In the rush to gain research funding from the abundant resources made available for 'effectiveness' studies, hardly a voice is raised to question the glaring gaps and to point out what is *not* being investigated. Increasingly too, researchers are competing for short-term contracts for data collection which was once considered the long-term responsibility of state departments. In doing so they may in effect have been colluding with efforts to dismantle the national infrastructure for research and information which has been built up over many decades.

'University departments are reluctant to undertake work which might be counter to government policy'

Given the evidence of the devastating effects that unemployment can have on health and welfare we are not suggesting that people should blindly risk their jobs to further the cause of policy analysis—but how sad that they should have to balance their personal interests against the public interest. In the long-term, it does not serve anyone's interest—be they politicians, professionals or the general public—to blunder on in the dark, not knowing what benefits or damage are arising from major policy shifts.

One way round this impasse may be through international willingness to support proper evaluations of experiments in health care reform. At an international health policy conference in Copenhagen in December 1994, for example, recognition of the need for such research came from several European countries, from both East and West of the region. There were calls for the World Health Organisation to help set up and support a network which could undertake such work, in order to inform decision-making in many countries. Such support might provide safety in numbers for individual researchers, at the same time as producing much needed evidence on which policy-makers could base their decisions. Such a move is surely long overdue.

But the real impetus must come from ourselves. We have a duty, through our research activities, to honestly assess the impact of national and international health care changes and to inform the public. We have a duty to our colleagues to ensure that we act honourably and do not collude in the dismantling of valuable research and data collection systems. Above all, we have a duty to the public to ensure that in our research we ask the right questions, and not only ones that will satisfy our political masters.

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