

benefits to care-givers themselves. As the editor of the journal has warned elsewhere, characterising care-giving as solely burdensome could lead to denigration of the task and the recipients. Many other family and ageing topics could of course have been included. Of interest to this writer would have been something on ageing issues in indigenous families, the family structures and roles of ageing baby-boomers in the next century, and the economics of ageing for families. Further, although some papers make explicit reference to older people's filial care-giver preference, it might have been interesting to read more about older people's preferences for formal services *vis-à-vis* family support.

The extensive and, on occasion, acrimonious debate in Australia on its very definition shows that we are not yet 'one big happy family'. However, elderly people are now clearly being considered in this debate rather than seen as separate from it. This issue of the *AJA* makes a timely contribution to the diversity of that discussion.

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Health Services Reform

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The Reform of Health Care Systems. A Review of Seventeen OECD Countries,
Health Policy Studies No. 5, OECD, Paris, 1994, 340 pp., no price,
ISBN 9 264 14250 9.

Most industrialized countries have recently undergone, or are currently planning or implementing, health care reform in order to address endemic problems associated with financing and delivering health services. Such problems have been further exacerbated in recent times by reduced rates of economic growth, ageing populations and the continued development of medical technology. This publication is therefore a useful overview of how seventeen countries within the OECD have tackled such problems. The report is in two parts. Part I gives an overview of the changes that have taken place in the countries under review and attempts to draw conclusions about general trends in policy development. Part II provides, in individual chapters, more detail about each country's reform packages.

A classification of health care systems is presented in the Introduction, which is designed to aid the discussion in subsequent chapters. It is recognised that no neat classification is possible as

different methods of financing and service delivery often coexist within the same country. Although differing in their organisation, it is stated that nearly all the countries under review share three main objectives for their health care systems. These relate to: equity of access to a minimum level of health care; macroeconomic efficiency, in terms of share of national income devoted to health care; and micro-efficiency, defined as securing the mix of services that will ensure health outcomes and consumer satisfaction at minimum cost. Some countries may also share a fourth objective, which is to promote freedom of choice for consumers. Subsequent chapters then give overviews of what has happened in those countries undergoing health care reform. Countries are grouped into those where reform has been revolutionary, or structural, the latter being defined in terms of a subjective judgement of whether reform packages were more radical. Evolutionary changes are discussed with respect to how well they met the objectives of enhancing equity, efficiency and consumer choice. The health care systems undergoing more radical change are not discussed in the same way, however, but are simply described country by country.

Chapter 4 is devoted to how well the seventeen countries were able to contain the rising costs in health care provision during the 1970s and tries to understand which systems best achieved this objective. To be expected from a review of so many countries, a wide range of experience was reported. There is weak evidence that the countries had been more successful in containing costs during the 1980s than the 1970s, although there were exceptions. There was little evidence, however, that a particular model of the organisation of health service delivery and financing was better than others at containing costs. Instead, the report suggests that a strong case could be made for the conclusion that the level of expenditure and success in cost containment simply depends on the strength of the determination of governments and the political power of the various actors who may attempt to resist controls. The final chapter of Part I attempts to draw general conclusions about how health care systems have developed in recent times, one of the more significant changes reported being that the relationship between public payer and public/private provider of health care has moved into being more contract and efficiency based.

COMMENTS

The holy grail of developing a health care system that ensures high quality, efficient, effective and equitable services, but does not drain national resources in the pursuit of these objectives, continues to elude

all countries. A study that attempts to draw together the recent experience of 17 industrialised nations' attempts at improving their systems is therefore very useful. Part I of the book tends however to describe the various changes that have taken place rather than analysing in any depth how effective particular reforms have been. The latter clearly is difficult, given the complexity of ascertaining whether, say, efficiency has improved at a national level, the paucity of data available to document such outcomes, and the fact that in several countries reforms have only been recently implemented. The problem is obviously multiplied further by considering seventeen countries at once. The chapter on cost-containment is a little more analytical and does give evidence of the relative effectiveness of countries in reducing the rate of increase in health care expenditures during the 1980s.

Part I is a little difficult to read, which could have been averted by a better structure. For example, there is inconsistency in the way in which the two types of reform (evolutionary and structural) are discussed. The former are considered with respect to equity, efficiency and choice, but the latter simply in terms of what aspects of a particular country's system have changed. The concluding chapter of the section returns to discussions of broad trends in reform under the headings of equity, efficiency and choice, which makes the three chapters disjointed and in places repetitive. Part II of the report is more informative and provides very useful information on the history of health care reform in each of the countries included in the study, as well as the details of the present arrangements for financing and delivering health services. All those who seek a good introduction to a particular country's health care system will therefore find this a useful reference.

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