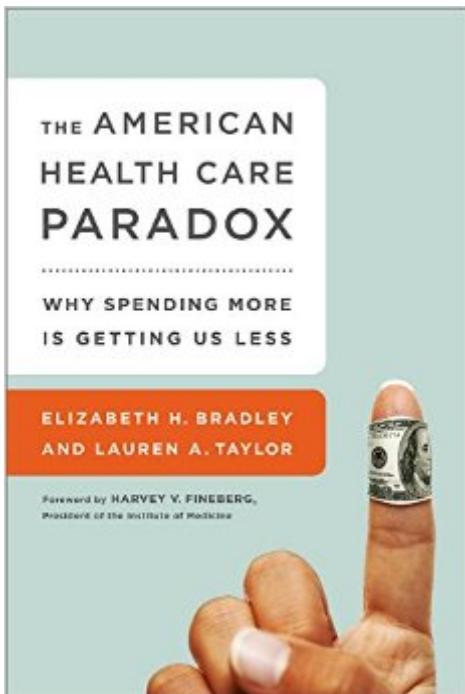


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The American Health Care Paradox: Why Spending More Is Getting Us Less



Synopsis

Foreword by Harvey V. Fineberg, President of the Institute of MedicineFor decades, experts have puzzled over why the US spends more on health care but suffers poorer outcomes than other industrialized nations. Now Elizabeth H. Bradley and Lauren A. Taylor marshal extensive research, including a comparative study of health care data from thirty countries, and get to the root of this paradox: We've left out of our tally the most impactful expenditures countries make to improve the health of their populations; investments in social services. In *The American Health Care Paradox*, Bradley and Taylor illuminate how narrow definitions of health care, archaic divisions in the distribution of health and social services, and our allergy to government programs combine to create needless suffering in individual lives, even as health care spending continues to soar. They show us how and why the US health care system developed as it did; examine the constraints on, and possibilities for, reform; and profile inspiring new initiatives from around the world. Offering a unique and clarifying perspective on the problems the Affordable Care Act won't solve, this book also points a new way forward.

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Customer Reviews

As much as I wanted to like this book, I can't. The authors have an interesting and valuable insight: the measure of the expense of health care should not be limited to the health care industry's costs. For this, the book should get five stars and should be at least scanned by anyone interested in the health of Americans. They also provide a wealth of examples of ways we can improve health care in

this country while cutting costs. But... There are serious flaws in the book, for which it should get no stars but can't because requires at least one. First, there is a paucity of actual data presented, despite their claims for having lots of it and a plethora of anecdote. Actually, the summary chapter admits this: "Although the scientific literature provides robust evidence regarding the influence of social, environmental, and behavioral factors on people's health, comprehensive evaluations that quantify the precise costs and health impacts of broad-based, non-medical health interventions are less available." Another is intellectual dishonesty and/or naiveté. In the spirit of providing data, or at least examples, here are just a few. The first three are to my mind major failures in the case the authors make: at least one well documented important alternative perspective has not been directly addressed, though it is frequently implicitly mentioned. - The authors are selective in which countries they use to represent a better health care system: the Scandinavian social democracies. Whether or not I personally would prefer to live in an American society modeled after them (which I would), Japan too has great infant mortality, life expectancy, etc. results as a country but somehow is passed over in the analyses.

This is a well written and well researched study of the USA health care industry and how it compares in availability, quality and cost to other nations. It's a necessary and informative examination of how other nations get more for their money. The subtitle is a well chosen epigram for the book. Despite a preference for text over tabulation, the writing style is very clear and surprisingly seamless between two authors. The first thing I noticed was a disconnect between foreword and preface. The foreword shows a bizarre confusion between Constitutional rights and natural rights, suggesting that equality be incorporated. In the preface B&T deny that the book is directed at helping the poor or a call for social justice. They claim more of a universal theme where the book is relevant for all Americans. Why they accommodated the socialist preface by a third writer is a mystery. Once past the awkward start the book improves greatly. The US has a poor standing in health care relative to the rest of the world in spite of spending double in terms of per capita and the highest percentage of GDP (17%). We spend less than others on social services (10%). Health care suffers from bearing the brunt of lack of social services. It's too narrowly defined and should be holistically integrated with social services, as better done in other countries. One implication appears to be that War on Poverty spending can be justified as affecting health care but Great Society cannot. Of course the War on Poverty has always been relegated behind Great Society and war. Doctors who advocate life style changes would seem to carry the effect that the authors wish to achieve.

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