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# The Way It Was In Health Policy, And Probably Will Be: Learning Lessons by Rashi Fein (Book Review)

Rick Mayes

*University of Richmond*, [bmayer@richmond.edu](mailto:bmayer@richmond.edu)

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# BOOK REVIEWS

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## The Way It Was In Health Policy, And Probably Will Be

BY RICK MAYES

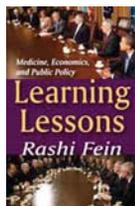
LEARNING LESSONS: MEDICINE, ECONOMICS, AND PUBLIC POLICY

By Rashi Fein

New Brunswick (NJ): Transaction

Publishers, 2010

204 pp., \$39.95



*Learning Lessons* by Rashi Fein is an enjoyable memoir from a scholar and policy adviser unlike any other. Fein's influential involvement in health care policy dates back to

John F. Kennedy's administration, and his career as a leading health economist paralleled the significant growth in the political influence of health economists following the enactment of Medicare and Medicaid in 1965. Now an emeritus professor of the economics of medicine at Harvard Medical School, Fein writes here about the lessons he learned in medicine, economics, and public policy. His view of the policy process, as a way of coming to terms with life's unavoidable trade-offs, has much to offer us, too.

This book is primarily Fein's call to political scientists, sociologists, and—especially—economists to synthesize and incorporate “knowledge and interests that extend beyond the confines of a single discipline” into their analyses. He bemoans the hyperacademic specialization of so much health care scholarship

today, finding it awkwardly disconnected from the administrative and health policy realities it purports to explain. Furthermore, as Fein sees it, “Unless [an] adviser presents a range of choices developed with contributions from many fields of knowledge, the proposed policies are likely to be far too constrained and, at worst, to be unworkable.”

*Learning Lessons* reminds us how important language is in the policy-making process. For example, we might ponder whether the tax paid at the end of someone's life is a “death tax” or an “estate tax.” To some, this question might seem overly semantic. Yet political history reveals that the distinction is crucial. Few people have, or can even define, an “estate.” The word sounds rich and elitist. But everyone has some familiarity with, and an aversion to, death. Thus, if the government applies an “estate tax” on the comparatively few wealthy people who die, most of the general public will support it with enthusiasm. But if the government is thought to be taxing lots of relatively ordinary people when they die, support for the tax can evaporate surprisingly quickly.

One of the apparent public relations successes of Medicare during the past four decades has been the program's ability to obscure—to millions of its beneficiaries—the fact that it is a public, government-run health insurance program. Medicare beneficiaries interact with private doctors, hospitals, and health plans. They rarely, if ever, interact with public administrators or officials, unless they are demanding that no government incursions or “cuts” be made to their Medicare benefits. Of course, when Tea Party activists and other strident opponents of federal health care reform made fear-mongering predictions that reformers will “pull the plug on Grandma,” they also frequently argued that policy makers should “keep their government hands off Medicare.” As Fein illustrates

throughout his book, words matter a great deal—even when they are nonsensical.

One of the especially insightful and entertaining sections of *Learning Lessons* examines the most controversial topic and word in health care: rationing. Invoking the word is the modern era's equivalent of claiming that reform efforts will lead to “socialized medicine.” Former Alaska governor Sarah Palin and Sen. Charles Grassley (R-IA) caused an enormous amount of harm and distraction when they claimed that the leading health reform legislation in Congress—supported by President Barack Obama—would almost certainly result in “death panels” that would ration (read “restrict”) needed care for older Americans. Given Palin's obtuseness on so many issues, it is hard to know for sure whether she understood the falseness and demagoguery of her claims. But one hopes that Senator Grassley surely, and sadly, knew better.

To absorb the wisdom in *Learning Lessons* is to come to grips with the inevitable reality of rationing in US health care. As many observers have noted, we ration health care in the United States—we just don't ration it rationally. Although other developed countries provide universal coverage, they ration their citizens' access to care on the basis of medical need and queues: the more elective a procedure is, the longer the waiting queue for it. Conversely, the United States rations largely according to the patient's ability to “pay”—through nongovernmental third-party insurance—for his or her care.

Fein notes how contradictory we are when it comes to our twin desires for cost control and high-quality health care. All of us claim to support efforts at controlling health care costs, except when we or someone we love becomes ill and needs care. Then we do not value efficiency or restraint. What we value is virtually unfettered access to the best care available, as soon as possible. We

are all hypocrites in this way. Public policy represents an attempt at resolving our inconsistency by preventing ad hoc, case-by-case decision making.

The only disappointment with Fein's book is that it came out just before the final passage of the historic Affordable Care Act. Unlike most of his predecessors dating back to Franklin Roosevelt, President Obama and his Democratic colleagues in Congress finally succeeded in passing major health care reform that—if upheld and implemented—will amount to the most significant health policy changes and insurance expansion since the creation of Medicare and Medicaid in 1965.

From reading *Learning Lessons*, my guess is that Fein largely supports the goals and purposes of the new legislation, laments the purely partisan manner in which it was passed, and believes that the reforms are likely to lead to growth in costs before they lead to major beneficial reforms in delivering, financing, and organizing health care in the United States. If he does not, I urge him to write a letter to the editor correcting

my reading of his book.

Fein might well direct his readers to his home state of Massachusetts. There, health insurance reforms put in place in 2006 became the prototype for the recent federal reforms. State leaders are now preparing an assault on the core of the cost containment problem in health care: fee-for-service reimbursement to individual providers. This form of payment perversely encourages and financially rewards the *quantity* of health care provided rather than its *quality*. Paying individual providers in a piecemeal manner also makes teamwork in medicine more difficult. If Massachusetts can use public policy to both tame medical inflation and foster more accountable care organizations, all the while maintaining its near-universal coverage, then we can all have greater confidence that lessons can in fact be learned and that there is hope for improving our nation's health care system.

Toward the end of *Learning Lessons*, Fein's wise and sober analysis concludes with his summation of the four main lessons he has learned. To promote suc-

cessful policy making, he lays them out in simple terms that can be memorized or tacked up on the wall: (1) The known drives out the abstract; (2) not everyone thinks like an economist; (3) politics trumps rational economics; and (4) keep it simple. These lessons are especially resonant as we survey our current hyperpolarized political atmosphere, in which reasoned and thoughtful debate seems like an endangered species. One can only wish that our elected leaders would read *Learning Lessons*—and actually learn the many lessons there—so that our policy debates and deliberations could be more informed, reasoned, and respectful. ■

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**Rick Mayes** (bmayes@richmond.edu) is an associate professor of political science and public policy at the University of Richmond, in Virginia. He is a coauthor of *Medicating Children: ADHD and Pediatric Mental Health* (Harvard University Press, 2009), a coauthor with Robert A. Berenson of *Medicare Prospective Payment and the Shaping of U.S. Health Care* (Johns Hopkins University Press, 2008), and the author of *Universal Coverage: The Elusive Quest for National Health Insurance* (University of Michigan Press, 2005).