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### **Can a Health Care Market Be Moral? A Catholic Vision**

By Mary J. McDonough. Published by Georgetown University Press, Washington DC. Paperback, 272 pages with index. RRP \$49.95. ISBN 9781589011571.

**Reviewed by Francis Sullivan**

*Catholic Health Australia*

Since at least the late 1980s Australian health policy makers have toyed with the usefulness of market forces in the containment and distribution of scarce resources. Over the same time, there have been strong opponents who 'demonise' the market for its misfit in health policy. This polemic has characterised the politics of health as well. The Left has been wary of market forces while the Right has embraced their utility. Only in recent years has there been a discernible convergence on the role of the market in health care. With rising costs and growing demand, public authorities have turned to market solutions to appease the political pressures of the health system.

This long gestation for legitimising market forces in health care has come like most other things – through a moderation of ideological stances. Markets can work and also do fail. Government has a role to ameliorate the failures while encouraging the success. Whether the overall results appease social concerns is another matter altogether.

It is this issue of what best promotes the common good that lies at the heart of Mary McDonough's book, *Can A Health Care Market Be Moral? A Catholic Vision*. She more than adequately traces the development of Catholic social thought in regard to the place of capitalism in society as well as the critiques offered by the Catholic Church to the role of socialism. She likewise offers a succinct summary of the fundamentals of market economics. Fortunately, she has remained relatively balanced in her own critiques and provides the astute reader with a reasonable roadmap through the otherwise dense debate surrounding the efficacy of market forces in health care.

McDonough's contribution is timely for Australian policy makers. Although her experience is grounded in the United States health system, where markets are far from demonised, she has a healthy scepticism that affords her a curious but open disposition to the usefulness of markets. She has developed an interesting template to assess the worthiness of markets – in the end, they need to promote the common good, respect human dignity and deliver social equity.

For McDonough, this template is the most significant contribution the Catholic Church makes to issues of social policy. In this she is on solid ground. This is especially the case for health systems that prize universal public insurance schemes for both their cost effectiveness and social outcomes. She has presented plausible arguments whereby market forces can be integrated into health systems to a degree that they assist with the sustainability

of universal coverage while enabling a shift of the cost burdens to those better off.

In many ways this is the formula being adopted by Australian governments – a mixed system of regulated health funding programs along with price-competitive markets. The balance appears to be working satisfactorily. However, with the ever-present inflationary pressures and the seemingly insatiable demand from a prosperous community, this balance may skew towards greater market involvement. McDonough's work cautions such an approach. Maybe her US experience overly flavours her view. In fairness, this is more than tempered by her rigorous analysis of Catholic social teaching as applied to health care services.

The Catholic Church considers access to essential health care as being a right. Since ill-health and chronic illness do not respect differentiations in wealth, access to assistance must be based on need, not merely on an individual's capacity to pay. However, the Church also recognises that because resources are scarce those with more need to contribute more.

It is the excesses of the market that need attention. In the real world, a fee-for-service system is acceptable. The issue is one of intention. Charging a fee for a professional service is one thing, but it is quite another to profiteer for the sake of it. The nature of markets leaves open the prospect of self-interested profit making without recourse to the wider ramifications. These days there exists corporate investor strategies designed to maximise return on capital regardless of their impact on other essential services and community need. These are the questionable aspects of market approaches to health care. They rightly should be the preoccupation of public policy makers.

What is pleasing about McDonough's work is the fact that she has resisted the temptation to dismiss the market's contribution to health care. This could have been an easy, but one would suggest intellectually lazy option. She has provided a thought-provoking and contemporary contribution to what is an evolving debate. Her analysis bears serious consideration. Given the mounting pressures on Western democratic health systems, her work will have a long shelf life.

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### **The big fat conspiracy: how to protect your family's health**

By Melissa Sweet. Published by ABC Books, June 2007. Paperback, 471 pages with index. RRP \$32.95. ISBN 9780733321818.

**Reviewed by Jane Dixon**

*National Centre for Epidemiology and Population Health,  
Australian National University*

I begin this review by declaring a prior interest: I was interviewed by Melissa Sweet in the course of her research and she and I have had several conversations about any duplication with my book (co-edited with Dorothy Broom) on the same topic, *The*

*7 deadly sins of obesity* (University of NSW Press, 2007). I will also admit upfront that I view our respective books as offering two complementary perspectives. The Dixon and Broom book provides in-depth coverage on seven social trends that are influencing rising obesity rates in Australia and has relatively little to say about the practical steps that can be taken to halt the trajectory. Sweet's book reverses the emphasis and is a highly literate and evidence-based self-help guide for families and communities concerned to act now on the available evidence.

Sweet begins her book by explaining the nature of the 'conspiracy' that features in the title. "It's called the modern world," she argues. Popularising the social epidemiology of obesity, she continues: "Being caught up in this conspiracy is like being swept along by a fast-flowing river. All the forces are pushing you in one direction [away from healthy lifestyles] and it takes some effort and strength to go against the flow." The book then dedicates itself to identifying "the effort and strength" that are required to counteract the conspiracy.

One further building block is erected in the book's early pages, and that is to demolish the utility of individual or societal obsessions about weight. Sweet argues that the bodily impact of the modern world will most effectively be challenged through an obsession with "gaining health rather than losing weight".

The book is constructed as a survival guide to the 'big fat conspiracy' and is organised in three sections. The first aims to help readers reframe their perspective on childhood obesity, away from the media and government-dominated one of shame-and-blame and parental responsibility. It describes the contours of the modern world that encourage unhealthy lifestyles: time pressures, car dependence, and the relentless child-centred marketing and advertising of foodstuffs. Two chapters lay out the latest evidence about how to understand children's bodies in terms of healthy weight and size, and why healthy lifestyles for children are so important.

Sections two and three are devoted to what families and communities can do to seize greater control over their environments. The section on families provides guidance on parenting styles, modelling healthy lifestyles and assessing how to go about making changes to family routines and dynamics. It is peppered throughout with quotes from interviews that Sweet conducted with parents, community leaders, academics and professionals. From the science, it distils tips and principles for behaviour change.

The section on communities provides examples as to how schools, governments, child care services and other sectors are acting to support improvements to diets and physical activity. There are inspirational case studies, which are followed by three appendices: 10 pages of links to resource materials and two well-organised sections with chapter-by-chapter references and endnotes that provide further useful references for each chapter. This last section would make an excellent springboard for 'town-hall meetings', convened to galvanise community action around healthy lifestyles. Academics and journalists working in the public health and obesity fields will also find Sweet's appendices to be extremely useful.

The book's style and contents are, however, aimed squarely at parents and social commentators who are concerned about the health and well-being of future generations. The layout is reader-friendly; double-spaced text interspersed with shaded boxes highlighting the main points.

In a recent issue of this journal, Professor Boyd Swinburn wrote a review of an American book (Susan Okie's *Fed up! Winning the war against childhood obesity*), which covers similar ground to the Sweet book. The positive qualities of that book are reflected in Sweet's book: "a very readable, reliable, and informative book that translates the scientific evidence for a lay audience". Moreover, *The big fat conspiracy* addresses two of the three criticisms that Swinburn levels at Okie's book. First, this is a book that is firmly rooted in the Australian context and as such is relevant to our social and political conditions. Second, while she draws on the biomedical paradigm, Sweet's analysis comes from a social ecology perspective that is entirely congruent with the emphases adopted by the International Obesity Taskforce and the World Health Organization technical papers on obesity.

Like the Okie book, this one does not contain an equity perspective. It could be that Sweet is adopting the Geoffrey Rose adage on the need to address societal-level problems by enrolling the whole population in any change strategy. However, planners of public health interventions recognise that the "strength and effort" required by less advantaged communities are of a different order and magnitude to the capacities available to educated and affluent communities. Describing the operation of a twin population and at-risk community strategy could usefully form the basis of the next book on the subject of obesity prevention.

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## Theory and research in promoting public health

*Edited by Sarah Earle, Cathy E. Lloyd, Moyra Sidell and Sue Spurr. Published by SAGE Publications, London, June 2007. RRP \$45.95. ISBN 9781412930710.*

### Reviewed by Tony Adams

*Chair of the Global Commission for the Certification of Poliomyelitis Eradication*

I doubt that this book will be of much relevance to Australian readers as it is totally British in its orientation and is apparently designed as an undergraduate text for students of the Open University in the United Kingdom. It may be of interest to British students doing undergraduate studies in psychology and social work, for example, and even to high school students wanting an introduction to health promotion in that country. It gives some information on national public health statistics and national surveys.

The book is presented in two parts:

- Promoting Public Health – exploring the issues, factors that influence health, who promotes public health, and theoretical