

THE DOCTOR SHORTAGE
An Economic Diagnosis

RASHI FEIN

Washington, D. C., The Brookings Institution
1967, 199 + xi pp. \$2.50 (paperback)

On balance this is a disappointing book. Fein has the credentials to have produced an eminently satisfactory work, many of his individual observations indicate that he has a perceptive mind, his style is lucid and most of what he says is unexceptionable. Among the observations that I particularly like is Fein's stress on the desirability of tailoring policy measures closely to specific problems; for example, he is very good on the inadequacies of merely raising the number of practitioners when the goal is to make geographical distribution more uniform, or to raise the consumption of physicians' services by the poor. More important than these qualities is that much of what needed to be said is said, and if it is digested by the nonspecialist reader (the intended audience) perhaps the level of discussion on medical manpower topics will be elevated from the rock bottom position it now holds. It can only be wished, for example, that the concerned public will read Fein's book rather than the material of Martin Gross.

In spite of all these merits the book is unsatisfactory as an economic analysis of the physicians' market, for three main reasons. First, Fein does not seem to be certain of his precise purpose in writing the book. On the basis of the title and the first chapter the reader might reasonably expect an economic analysis of the market for

physicians' services. In particular, he might expect to learn what an economist has to say on whether or not a shortage of physicians exists, what the proximate cause of a shortage would be and how, if it existed, it might be overcome. In fact, he is given, substantially, a prediction of future market situations based on existing or expected behavior patterns. In large measure, then, the work is an econometric exercise and not a diagnosis of shortage. As such it is not necessarily unworthy, but it is ambiguous and is more difficult to grasp than it might have been. As this is not a technical review, the quality of Fein's econometrics will not be discussed at length. They are certainly not terribly sophisticated or complex, and Fein probably would not claim otherwise. In such a case the value of the work is open to question, however, and the results should not be taken as anything more than rough approximations to reality. Certainly they should not be, as Fein would surely agree, the quantitative basis for any serious policy measure.

The second reason that the book is unsatisfactory is that it is poorly structured, and this is its most signal failing. The principal contribution of the economist is the provision of a relatively formidable analytical framework with which to tame discussions on resource allocation. That such a framework would be useful can be seen by examining the obviously unsatisfactory work that has been done in its absence by non-economists in recent years on the various aspects of the supposed shortage of physicians. Hitherto, the predominant tendency has been to discuss specific issues largely independently of one another, usually under the undiscussed presumption that medicine is a very singular commodity. Very little recognition has been paid, in general discussion, to the fact of interdependence; to the interdependence between health and other desirable commodities, between medical care and other sources of improved health, or between physicians and other inputs in the production of medical care. The single most important advance in the debate on medical manpower would be an appreciation of all these forms of interdependence, and hence of the general framework of resource allocation. Unfortunately, it is the absence of a *coherent* development of this framework that is the principal weakness of Fein's study.

It must be emphasized that most of the important elements of this framework do appear in the work, but they are not part of an orderly development. The presentation might justly be compared to a student being given, disjointly, all the relevant bones and being told that he has a skeleton. The usefulness of Fein's book is thus considerably compromised by the fact that from it the non-economist will not learn to operate the resource allocation framework, and hence will not appreciate the manifold opportunities for choice and substitution.

As a specific example I will discuss at some length the problems involved in setting a standard by which to judge the adequacy of the supply of physicians' services (this is the subject of most of Fein's first chapter). The extant standards range from that implicit in the view that health is a right and a need (however this is to be interpreted) to that held by the members of the Church of Christ, Scientist. In spite of reading Fein's book most people will continue to assert that the most suitable standard is a ratio of physicians to population or some derivative of such a ratio. This is the case despite Fein's statement that "Medical manpower policy, therefore, should move beyond the maintenance of specified historically derived manpower-population ratios" (p. 21). This conclusion does not stem organically from the discussion; that is, a framework is not constructed so as to impel the reader to accept this judgment, even though it is correct. In short, had he developed his arguments with a greater sense of purpose Fein could have decisively removed from influential discussion a number of specious, and I would say pernicious, positions that are now widespread.

These are serious flaws, but they make the book disappointing rather than bad, since they involve omissions rather than errors. More questionable are parts of chapter four, which deals with productivity and organization. Fein's summary of the chapter reads: "In this chapter, we have examined ways by which the output of the physician might be increased. . . . Group practice and the use of new types of personnel were discussed. . . . Both would help increase the productivity of the physician. Both would, therefore, help increase the effective supply of physicians . . ." (p. 129). Be-

hind these conclusions is the strong implication, made explicit in the summary chapter, that, because of their impact on the productivity of physicians both group practice and ancillary personnel should be encouraged. (This is a somewhat surprising excursion into normativism from a writer who is elsewhere reluctant to decide on the relative merits of various standards of shortage.)

It is a commonplace of economics that the greater use of complementary inputs in a production process raises the productivity of the existing inputs; that is, the use of ancillary personnel in medicine will, almost inevitably, raise the productivity of physicians and increase the output of the medical care industry. This is not a sufficient justification, however, for recommending the greater use of ancillary personnel, just as the certainty of productivity and output increases would not be sufficient reason to use more of *any* input in *any* productive process. One task of the analyst is to establish that such a change would be profitable, either socially or privately. Fein has not established this last fact.

If an increase in the use of ancillary personnel in medicine were profitable to the employer we might question why we do not observe such a change. Fein observes such a change in dentistry, but it is doubtful whether he could sustain the claim that dentists are more aware of profit opportunities than physicians. It is presumed, at least, that such a development is not observed in medicine precisely because it is not privately profitable. Many certainly believe that physicians are concerned with material gain, indeed many think that they are unduly rapacious. If this is so it is unlikely that physicians will, to a relative degree, eschew possible sources of legal, even desirable, personal enrichment. Of course, it is possible that ancillary personnel are socially, but not privately, profitable. Fein does not establish this, nor does he suggest a mechanism that would induce greater use of such personnel in these circumstances. In summary, it is quite possible that greater use of ancillary personnel would be a desirable step; however, Fein's analysis does not convince me of this and should not, but quite possibly will, convince others. Somewhat similar remarks could be made on the desirability of group practice.

I think it is suitable to end on a note of approval. Although the book is not developed as I would prefer, and although some of it may be wrong or misleading, it does have sufficient merit to be recommended, for much of what is said is of value. Perhaps the best short evaluation is that the book is definitely worth the price, but that it is the paperback edition that should be purchased.

RAYMOND RICHARDSON