

Commentary

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THE NEOPHYTE DOES NOT KNOW what is the appropriate posture to assume when one's work is viewed for the first time by a professional historian. It would be churlish to nit-pick at details, and particularly ungracious when the historian is so kindly disposed toward my own contributions. I have therefore decided to speak to Dr. Fox and show him some of the minor errors of his ways, and he has kindly agreed to listen to my anecdotes and to take corrective action as he sees fit. In addition, at the editor's invitation, I have rewritten (mostly by expanding my notes) a short presentation on health economics research that I delivered virtually impromptu as a member of the Committee on Health Services Research, Institute of Medicine, in Washington, D.C., on November 6, 1977.

The following comment on Dr. Fox's paper can be—and is—brief. It concerns largely matters of emphasis and a few of the higher spheres of economics that a mere historian may aspire to but obviously cannot attain.

I should prefer the word "objective" to "neutral" in describing the later health economists' attitude toward research on policy issues. As Dr. Fox points out, the individual economist does have value judgments and policy commitments. He even has a bias as to the kinds of problems he chooses to examine. However, the economist today does try to achieve objectivity in describing the existing situation and in exploring the implications of alternative policies, even if he is not always successful in this endeavor. I do believe that failure to achieve objectivity in analysis is often as much due to personal temperament and attitude toward future risk and uncertainty as to ideology.

Nor do I believe that the acceptability of one's policy views to one's peers in the academic discipline and to physicians implies a lesser concern for equity and social justice. The discipline of

economics requires command over its concepts, tools, and data; once these are mastered, they may be abandoned or employed selectively. As for physicians, many expect of the economist an understanding of institutional arrangements and of the pressures of clinical work. Others do, of course, expect a sharing of policy commitments. No health economist whom I know lacks concern over equity—or who gets what. The usual position is simply that the economist as economist has little or nothing useful to say about this.

It is my firm impression that both health policy issues emerging from the real world and the traditions of the economics discipline are strong influences on the conduct of research. The first attracts the interest and concern of the scholar; only the second can enable that interest to turn into acceptable professional activity. Kenneth Arrow's paper is a supreme example of how research in health care financing became academically respectable. Perhaps only John Dunlop at Harvard could have furnished the site for the outpouring of a sizable number of dissertations in health economics in the late 1960s and early 1970s and for bringing into the field an influential small army of well-trained economists who somehow also mastered the finer points of medical diagnosis and treatment, as indicated by the particular problem at hand.

I enjoyed reading Dr. Fox's excellent paper and commenting on it to him and to these readers. I have already passed it on to colleagues.

Yet I also demur, in part. Most economists appreciate both the potentialities and limitations of their discipline. To the extent that they do, and as they master the institutional arrangements of health care, they can help improve the effectiveness of care and the efficiency of care. At a minimum they help lift the level of public policy debate on health care issues and proposed solutions. Yet they all know that economic efficiency is not all, nor is maximizing the size of the gross national product the ultimate goal of economic activity. The value of health care is a matter of individual valuation, and questions concerning the equity or distribution of benefits are the core of politics. Virtually every economist understands that, on such matters, his role is that of a well-informed and articulate citizen, no more.

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