

**Editorial**

Apologies for this greatly delayed issue. It appears that delays have become the order to the day. Hopefully the editors of the next issue will be more efficient.

This issue follows up the Annual General Meeting held in February in London. Reports from all the different workshops are published in this newsletter. The Government White Paper "Working for Patients" (sic!) is the main item for debate and we include an extensive critique from the Health Group. In addition there is a petition registering objections to the White Paper. This should be sent off immediately.

The editors of newsletter number 44 are Mel Bartley and an as yet unidentified and unnamed Co-editor. (Volunteers requested!) Please send any contributions directly to her at the address indicated inside the cover-page.

Please note that the annual conference and AGM will be held on the 24th and 25th of February 1990. It may be held in Bradford or Sheffield. Details will be available (hopefully in advance!).

We would also like to draw attention to the need for a Review Editor for the newsletter. Unfortunately Ian Miles is no longer able to continue this function. All that is entailed is to write to publishers announcing your existence, sometimes selecting books from their lists, sending them out to Radical Statistics Group members to review, collating the replies and passing these on to the Radical Statistics Newsletter's editors.

'STRONG MEDICINE: Health Politics for the Twenty-first century' by Steve Iliffe, Lawrence & Wishart, 1988, £5.95.

Reviewed by George Davey Smith.

After reading the first ten pages of Steve Iliffe's new book on the health service you realise that something is strange. The word 'agenda' appears more often than 'and' or 'the', and the term 'the left' is used by Iliffe with the vitriol of De Niro's 'Raging Bull'. All becomes clear upon reading the acknowledgements - the book has grown out of articles which appeared in Marxism Today, house journal of fashionable ultra-modern(ist) new realism.

The gist of the book is that the traditional left has consistently advanced the wrong arguments and the wrong strategy for the health service. Trade unionists, it seems, have been uncritical of the failings of the NHS, and have accepted what they have been given unquestioningly. All they can do is strike for more pay, or exceptionally, take some action in unthinking defence of a service which they can't see to be the creaking, antiquated mess that it is. Of course such people have no analysis except for 'the widespread conspiracy theory that substitutes for understanding and examination on the left'. The poor deluded souls who think they are fighting to defend and extend the NHS are quickly put right: 'Those socialists who think that they have a strategy that will allow us to develop a national health service out of the current dilemma are impotent, separated from power sources by their outdated assumptions and expectations. This applies not only to the ultra-left, for whom impotence is a defining characteristic, but also to the mainstream.' In place of this dinosaur we require an open, participatory, innovative left which understands that conservatism has 'captured the political agenda' and can move on from the fundamentalist desire to turn the clock back.

To illustrate his thesis Iliffe outlines three future scenarios for the NHS. These pieces of soothsaying, which take us to the year 2012 (and take up an inordinate part of a short book), are uninteresting in their own right but demonstrate the central points advanced above. Strike action plays virtually no role (except when the doctors' ballot for industrial action) - pressure

groups, consumer organisations and parliamentary lobbies being the main actors. In the most optimistic scenario, in which a Labour-SD coalition gets elected in 1992, the pivotal event is a remark made at a City banquet about NHS funding by Prince Charles (presumably a member of the broad democratic alliance). The bishops aren't mentioned, but doubtless they will be kept busy fighting our battles for us elsewhere.

Unfortunately time has not been kind to these products of astrology. Between the time the original articles appeared in Marxism Today and their assembly into this book troublesome health workers took the strongest industrial action since 1982. Here we saw initial spontaneous strike action in Manchester spread through the country and involve many groups of workers outside the NHS. The demands were simultaneously for a better health service and for fairer pay and conditions for health service staff, and would seem to offer a model for uniting people in common cause.

However, since such action inconveniences the thesis of this book it must be down-played. In a footnote it is remarked that the action 'rejuvenated those parts of the left that recognise only industrial action as genuine politics', but it was a 'weak and unfocused dispute of limited impact'. Furthermore 'we overestimate the nature of the political understanding of those who work in or use the NHS'. Such misrepresentation is required to maintain the position that industrial action has no role in the future struggles for a socialist health service. This is seen to be so because strikes are sectional and generally only for more pay - and, naturally, the larger economic strategy for regeneration requires an incomes freeze.

Another plank of the grand scheme, the need for Labour to form alliances with centre parties, looks rather lame when the SLD and SDP are polling at about the same level as Greens, the Raving Loonies and the Red Front. Such an alliance would not look promising in any case, in that it would involve diluting Labour's already self-consciously 'moderate' policies - and Iliffe himself shows how Labour has failed the NHS in the past.

There is no suggestion of fighting for a change of perspective within the Labour Party, however. Instead, the main planks of Tory attacks on the NHS are taken on board. After apparently dismissing the notion of infinite demand for health care, care, beloved of John Moore, essentially the same argument is advanced to explain why the NHS must set its sights lower. Screening for cervical cancer is chosen as an example of the need to contain expenditure. Rather than extend the service and make real efforts to reach the high-risk populations who do not volunteer for screening, it is suggested that the available resources should be targetted covering over-35 year olds, and the demands for screening of 'educated, young, articulate and sexually active women' who form a 'powerful pressure group' with doctors for more resources should be resisted. This is an extraordinary position to adopt at a time when the trends in rates of early and established cervical cancer suggest that there will be a rising incidence in young women.

It is unsurprising that a policy for the NHS containing such a view should also support continued privatisation of ancillary services in the NHS. Direct charges to patients are also advocated, the much heralded participatory democracy here being seen as charging for diseases deemed to be self-inflicted. To make this seem more acceptable, the first example is of the rich person skiing in Switzerland who breaks a leg and flies back for treatment. But quickly we are on to smoking, drinking and other 'lifestyle' factors. This ingenious suggestion - also advanced by the Presidents of the Royal College of Medicine and Surgery to the Commons Select Committee on the Health Service - would make people suffering from poverty-related conditions such as coronary heart disease pay for the privilege.

Similarly, unless you are well behaved you can't have the benefits of the health service. Dr Iliffe thinks that women who don't attend for ante-natal care should receive no maternity benefit; that people who fail to prove the practice of preventive dental care should have no free dental repair work performed, and that childhood vaccinations should be compulsory. But now we have a problem - how does the participatory democracy held up as the alternative to 'impotent' ultra-leftism deal with such situations? Who decides whether your disease is your fault and you pay for your treatment (was your heart attack because you ate one too many plates of sausage and

chips, or because you'd been made unemployed?) or not. When researchers disagree as to their efficacy and safety, who decides which vaccinations should be compulsory? The experts appear to be back in charge.

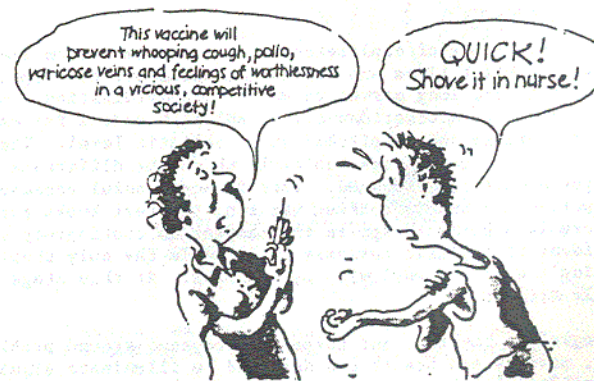
In itself this book is of little interest. Its significance is as a practical demonstration of where the Marxism Today strain of (euro)communism leads. The much trumpeted claim to be NEW! leads back to surprisingly familiar grounds. When the ritual attacks on 'the traditional left' and the pseudo-academic style are got past, the ideas are unremarkable and stale. The references to Marx and Lenin stand out in this milieu. The founding principles of the NHS are held to be communist by Iliffe, in that they follow Marx's dictum 'to each according to his need'. But Marx is quietly forgotten after that, as the book goes on to advocate the need to 'make different social classes function as one civil society not...hostile interest groups'.

It is a strange kind of Marxism which ends up advocating policies which are basically Tory, with a radical gloss. For example, in the case of fee-for-service payments the policies advances would, in practice, be worse than those currently championed by the Tories. They would achieve the exact opposite of the supposed aim of deprofessionalisation and individual empowerment, creating yet another sphere of professional control over people's well being - the decision as to whether illness is self inflicted or not. As social conditions, such as housing, unemployment and poverty are as important factors underlying ill-health as 'lifestyle' factors, Iliffe's big stick method of inducing people to take responsibility for their own health - through a tax on getting ill - is merely another way of redistributing misery from the better off to the worse off.

Similarly, his proposals regarding compulsory vaccinations, maternity benefit being removed from women who don't attend ante-natal clinics, and free dental care only available those who can prove that they brush their teeth and have had regular dental check-ups, take power away from people. It is controversial whether ante-natal clinics in themselves improve pregnancy outcome. Some authorities consider that certain vaccination schedules could lead to delayed epidemics of disease later in life when it is more dangerous. 6-monthly dental examinations may, according to The Drugs and Therapeutics

Bulletin, cause more damage than they prevent. In Dr Iliffe's scheme these doubts and debates would remain the domain of the experts, to be imposed by suitably authoritarian regulations.

Iliffe's book demonstrates the outcome of applying the current Marxism Today scheme to the real world. When the theories remain at the level of ever so elegant discourse about 'empowerment', 'new social forces' and 'style', they have a superficial attractiveness. However, the bankruptcy of the ideas - as expressed in the recent CP policy statements 'Facing up to the future' and 'New Times' - are evident once they try to engage with the way the world actually is. Socialists wanting a guide as to how to fight for a fairer health service would do better reading either of two other recent books on the NHS - the London Health Emergency book 'Cutting the Lifeline' or David Widgery's 'The National Health: a radical perspective'. That is unless they are the kind of socialists who carry American Medical International cards in their Marxism Today filofaxes.



Cartoon from 'What's wrong with the health system' Health Issues Centre, 148 Lonsdale St, Melbourne Victoria 3000, Australia

Exploring Data : An Introduction to Data Analysis for Social Scientists

Catherine Marsh Polity Press

£ 9.50

'Exploring Data' is a welcome text book that breaks new ground. It uses the approach of Exploratory Data Analysis made popular by John Tukey but this book, unlike his, is written for a British audience, for social scientists and specifically as a text book for students with no prior knowledge of the subject. It is suitable for students in a range of social science disciplines including sociology, economics, political science and geography.

I came to this book with the same enthusiasm that I felt when discovering Tukey's ideas. Here was a book packed with data, with new ideas for analysis, written by someone interested in getting the most out of the data.

The book is in three parts:- single variables, relationships between two variables and three variables. There are fifteen chapters designed initially for a fifteen lecture course at Cambridge. (I found there was too much material in some chapters to cover in one lecture.) The philosophy of the book is that the first question we should ask is 'what does the data say?' rather than the second order question 'is your sample big enough for you to be sure of that?'. There is more than enough interesting material to be covered in a course designed to answer the first question so the second, the problem of statistical inference is left out, there is not a significance test in sight. This is most refreshing. Most of us find (don't we) that the questions of statistical inference in a first course are the ones most likely to cause students trouble and the ones least likely to engage their interest.

In the text the new techniques of exploratory data analysis:- stem leaf displays, boxplots, resistant lines and median polishing are developed along with the techniques that have long served us well:- standardisation, index numbers, Loren z curves, transformations and causal path models for example. The book is for the beginner and is pitched at a realistic level. There is a good chapter on percentage tables in which the difference between a row and column percentage is discussed. This is most useful because students in my experience commonly confuse the two, yet text books rarely discuss this. There is a bold attempt in the chapter on contingency tables to introduce the ideas of logistic analysis but this is the only chapter I have found that didn't work too well with my students. At this stage log odds seem a trifle artificial.

Data sets are integral to the text and these are focussed around problems of social inequality, poverty and health and designed to illuminate significant sociological and political debates. The data sets are available in machine readable form. At least one exercise at the end of each chapter can be solved using MINITAB and solutions are provided. There are data sets taken from the National Child Development Study and one with ten variables for each of 280 British towns produced by the Centre for Urban and Regional Development Studies. Having tried to keep my teaching up to date with recent data and knowing the time it takes I found this facet of the book most helpful.

Statistical techniques are introduced in each chapter in response to a problem. In the chapter on boxplots it is the problem of unemployment. At the end of this chapter there is an appendix in which sources of unemployment statistics are discussed and the question of whether official statistics reflect 'true' unemployment levels is tackled head on. It is the blend of conceptual issues, data collection, problem solving and analysis techniques that makes this book so good.

This book breaks the mould of conventional texts and I strongly recommend its adoption as a course book.

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Cartoon from 'Where the health dollar goes' Health Issues Centre, 148 Lonsdale St, Melbourne, Victoria 3000, Australia.