

## **Remaking the American Patient: How Madison Avenue and Modern Medicine turned Patients into Consumers**

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From a comparative perspective the health system of the United States has a history that is both representative and idiosyncratic. Like other advanced industrial nations, it witnessed the rise of biomedicine to professional dominance in the later 19th century, followed by the transformation of the hospital into a temple of high-tech healing, the growth of a pharmaceutical industry ministering to body and mind, and organized structures of access that combined insurance, public funding and private payment. It has been in the balance between these different modes of financing that the disparity between American health care and its peers has been most observed. Unlike other Western nations, which followed either Bismarckian Germany in instituting compulsory health insurance, or inter-war New Zealand in developing a comprehensive state health service, America repeatedly placed more faith in private enterprise. Until relatively recently its doctors exercised greater liberty to practice and charge as they wished, while its commercialized health insurance industry remained voluntary, and its public sector, in the form of Medicare and Medicaid, which arrived only in the 1960s, was limited in coverage to older people and the poor.

As Nancy Tomes points out in the sections which top and tail her new book, this distinctive path had led by the millennium to a system that many citizens found dysfunctional. Problems included the absence of universal access for a large proportion of the population, the inflexibilities and exclusions of private health insurance, a distorted balance of care that marginalised general practice, and some inherent tendencies to overtreatment and over-prescribing. By all the standard measures, the American way has also proven hugely more expensive than that of peer nations, without appreciably superior health outcomes. The result was the fierce and ill-tempered political debate which in 2010 was resolved (probably only temporarily) with the Affordable Care Act (aka 'Obamacare').

A very rich historiography abounds on the American health care *sonderweg*, concentrating particularly on the relationship between government and the big battalions of this policy arena, namely the American Medical Association (AMA), the private and non-profit insurers, the employers and the labour unions. Scholars typically concentrate on signal moments (the Progressive era, the New Deal, the post-war settlement, the Great Society, the neo-liberal turn, 'Hillarycare') when the reform initiatives of federal government were repeatedly frustrated by one or other, or all, of the major interests. The novelty of Nancy

Tomes' approach is to shift the spotlight onto a different power relationship in health care's political economy, that between the public and the medical-industrial complex.

The public is here conceptualized quite narrowly as the 'patient-consumer', by which Tomes intends the educated middle class seeking to hold medicine to account. This definitional boundary rules out activism by, or on behalf of, sick patients, whether in its early form of advocacy charities or in today's 'embodied social movements'. Instead consumerism is understood as the furtherance of the public interest through transparency and watchdog activities, of the sort purveyed in the US by Ralph Nader and in Britain by the Consumers' Association. Medicine is here understood both as the work of free enterprise, office-based physicians, rather than hospital practice, and as the wholesale marketing end of the pharmaceutical business, rather than the industry as a whole. In other words, Tomes has carved out a manageable project by delimiting Main Street America as the field of study, albeit this largely excludes the experiences of the sick and the poor, and their interface with significant parts of the health system.

Although the book is not as heavily theorised as much work in this area (of which more later) Tomes lays her cards on the table at the outset, advising readers she does 'not worship in ... the "church of the free market"' (p. 15). In her conclusion, she acknowledges that within that marketplace patient-consumers had made progressive gains in the 20th century. These include greater responsiveness by doctors in their daily interactions, better information about prescription drugs, and the gradual improvements in coverage and security that culminated in the Affordable Care Act. However, '(t)aking off the rose-colored glasses' (p. 399) forces the greater realisation that the public interest has repeatedly been sidelined throughout this history. In medicine, the economic liberal's assumption that the discriminating buyer will ensure efficient pricing and consumer-oriented service has time and again been invalidated. On balance, the market power of the profession and industry has always proven too much for the 'engaged patient'. The substance of the book charts this process.

The discussion begins in the Progressive era, though with a concertinaed backward glance to the 19th century, to observe the rise to dominance of biomedical practitioners in a hitherto 'freewheeling' marketplace for cures. A key early milestone was the 1906 Pure Food and Drug Act, which asserted the principle of statutory intercession on behalf of the public. It also drew the lines of conflict for the coming century, over how far commercialism should legitimately intrude into the realm of health care. These dilemmas crystallised in the inter-war years as the trappings of mass consumer society fell into place, with ever more sophisticated inducements to buy health care. Streams of doctors, mostly white, male and middle class, flowed from reformed medical schools to set up office practices, with charges commensurate to their professional claims, while new style drugstores successfully adopted the latest advertising and marketing techniques.

In response came the first stirrings of the 'educated' patient, and one of the pleasures of this book is the deftness with which Tomes ranges across the sources through which a growing frustration with commercialized medicine can be viewed. These include humorous satires of gullible purchasers and avaricious providers, early exposés of unsafe drugs, guides produced by consumer organizations to help the health care shopper, and debates surrounding federal proposals for curbs on advertising. All this prompted the resistance of the medical profession, particularly in the depressed 1930s when the Committee on the Costs of Medical Care (CCMC) comprehensively mapped the system-level market failures to which unregulated health care had led. Yet New Deal reformers backed off from including health within the social security package, in face of AMA lobbying. Hence by the mid-century only a more limited coverage based on workplace and voluntary insurance tempered private medicine. In the post-war period, therefore, the informed patient consumer would become more important than ever.

Initially America's 'free enterprise' approach to medicine seemed well chosen post-1945, even as most Western nations took other choices. Its post-war boom successfully brought much of the population under insurance schemes, some in the form of group prepayment plans offering comprehensive, cost-controlled services. Technological advance now promised genuinely effective medicinal cures, and appetites for

pharmaceuticals were further stimulated by the arrival of the self-service drugstore and televised advertising. Legislation promoted by the Food and Drug Administration (FDA) restricted over-the-counter (OTC) sales of 'dangerous' medication (particularly narcotics), though information on prescription drugs was still lacking. The 1950s though was the swansong of the (partly mythical) 'family doctor' whose relationship with the patient was based on trust not commerce.

As in other walks of life, it was the American Sixties that finally brought change. Resentment had grown towards ever-rising yet ever-opaque medical bills, towards unsafe surgery and towards the expectation of patient deference. Now liberal federal reforms empowered the FDA to approve new drugs, while Medicare and Medicaid extended access to the uninsured. At the grassroots a new breed of health activist campaigned for racial, gender and social equality, with community clinics providing a different model of care. In the event though, the radical promise remained unfulfilled. Medicine under social security merely fuelled existing problems, by failing to contain costs or disincentivise excess treatment, but now with the deep-pocketed state as payer. A more positive legacy of the era was the fully-fledged emergence of the critical medical consumer, conscious of patient rights and armed now with data through which to force accountability.

The closing chapters of the book describe the duel danced in recent decades between this engaged public and the medical establishment, as policy veered between a full-blooded reassertion of free enterprise and a concern to rein back the expenditure hike which this inevitably fuelled. Reaganite hostility to 'red tape' loosened the strictures on approval of new drugs and worked against the information sharing needed for consumer choice. Restraints on aggressive advertising were lifted, making it harder for active consumers to disentangle useful facts from corporate blandishments. The rise of the 'big-box' drug supermarket ratcheted up the commodification of OTC pharmaceuticals yet further. Then came 'direct-to-consumer' advertising of prescription drugs, whose massive industry investment paid off with handsome returns. Meanwhile, the shift to 'managed care' constrained the autonomy of both physicians and patients within insurance systems in the name of cost control. Against all this, the weapons of critical consumption became more sophisticated, with outcome measures and scalar ranking of performance now available. However, for most patients these resources were no match for the larger economic forces which now shaped the medical encounter. Hence the pessimistic conclusion Tomes advances, as her story arrives in the present day.

All this is written in a vivid and engaging style, which makes a complex history easily available to lay readers and satisfying for specialists. Tomes moves with ease between pithy anecdotes, artifacts of popular culture, vignettes of earnest advocates or self-righteous doctors, and the high politics of health care. The result is a narrative with pace and direction. The only disappointment is that the publishers have seen fit to gather all the illustrations together, without cross-referencing, in the centre of the book instead of placing each at the appropriate point in the text. Thus, the impact of some of Tomes' sharpest *aperçus*, on cartoons, advertisements and suchlike, is blunted for the reader and a trick missed.

How then does the book contribute to larger understandings of the American health system, and of medicine's modern history? Tomes has headed off two potential complaints when justifying the boundaries of her subject. The first is that concentration on the middle-class 'engaged patient' excludes other sections of the public, those whose power in the health care marketplace gave them less capacity to act as critical consumers. She quite reasonably argues (pp. 14–15) that having opened up the research area it will be for others to flesh out the story of how poorer and less educated people interacted with the 'free enterprise' system. However, this does raise the question of whether she underplays the extent of inequality to which American medical commerce gave rise. She gives occasional glimpses of this, for example in a graph reproduced from the CCMC report (p. 201), showing major variation in per capita expenditure between different survey communities. But further consideration of how those with minimal resources navigated relations with physicians and pharma may well modify her appraisal, probably for the worse.

A second issue arising is how much of what she relates is generic to medicine in the advanced industrial nations, and how much specific to the US and its particular policy choices. In the British context for

example, histories of the patient-consumer have a different emphasis, focusing both on voluntary associations external to the National Health Service, and on structures within the service designed to encourage (in the jargon) 'patient and public involvement'. Yet here too recurrent scandals in hospital care have raised doubts about how much real influence the public has exerted, and scholars have noted the shallowness of the consumerist rhetoric of 'choice' that health ministers regularly deployed. Conversely, the brashness of US drug advertising would be unrecognisable elsewhere, and the tighter evaluation regimes of some European countries, based on gauging cost per 'quality-adjusted life-year', have checked exaggerated marketing claims by big pharma.

Hopefully then, the comparative history of the patient-consumer will be a future legacy of Nancy Tomes' work. However, both these unfinished issues play into a larger question that her book provokes, but leaves hanging. She has provided a superb narrative history, which culminates in a convincing appraisal, but arguably she leaves the problem of *why* things happened as they did insufficiently resolved. One of the attractive features of the historiography of American medicine is the extensive theoretical underpinning it has accumulated, with competing schools of thought jostling for attention. Readers interested in thinking through the implications of this study therefore have some rich resources on which to draw.

Ought we, for example, to see this rumbustious commercial system, with all its faults, as nonetheless the legitimate democratic outcome of the public will? This would accord with political scientists who have treated the health policy arena as one of pluralist negotiation, in which the state brokers the fairest compromise. It also chimes with a recent strand of economic history that argues Americans repeatedly rejected statist or compulsory insurance approaches for utilitarian reasons – they were always less attractive to voters than earnest reformers assumed. There is also the related argument first voiced in Parsonian sociology, and in cruder form, repeatedly, by politicians, that the American health system has always reflected its distinctive political culture, in which the celebration of individual liberty trumps the appeal of equality and fraternity. In these senses the failures Tomes recounts, though depressing, were simply the price of freedom.

Many of course see things otherwise. Veteran Marxists view the relation through a class prism, in which the state must always act first for capitalistic interests, and thus tends to support the market position of doctors and the drug industry. Change can only come from the labour movement (conspicuous in the book by its absence), which either forces a legitimisation crisis or builds its own grassroots alternatives. Yet this did not happen in the US, in which socialism was famously muted. The very emergence of the medical 'consumer' is therefore a regrettable artifact of capitalist hegemony. Then there are less dogmatic sociologies of power, depicting health politics as essentially a two-way tussle, between the doctors – 'professional monopolisers' whose negotiating strength came from their specialist skills – and the big purchasers of care – 'corporate rationalisers' in the insurance funds or government, whose economic muscle was exercised on behalf of the payers. Somewhere in the middle were the patients – a 'repressed interest', ever hopeful of equitable, low-cost, high-quality care, yet ever ignored because they held no leverage. Perhaps Tomes' account could be understood in some of these terms, less as linear narrative than as a recurrent playing out of conflict between structural forces.

Finally there is the historical institutionalist approach that currently rides high in the literature. This draws attention to the political process in time, showing how early policy decisions established feedback effects through creating interest groups, and setting expectations. These then locked-in a policy trajectory that proved very hard to break, even when its malfunctions became widely apparent. The focus also is on the nature of American government, with its vulnerability to moneyed pressure groups and its byzantine legislative obstacle course, which afforded opponents many veto points to block progressive reform. This raises the question of whether behind Tomes' history may lie a linking thread of interest group interaction with politicians that merits a more explicit exposure.

From what has already been said, it will be clear that Tomes' position on these questions is far from equivocal, even if she resists providing an extensive conceptual exegesis. This offers an exciting prospect for others to engage with her work and reflect on how it augments our general understanding of health system

dynamics and policies, both nationally and comparatively. For now, this is a big, original contribution to the field, which signposts important directions for future study.

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