Book Reviews

Health prevention and economics. D R Cohen, J B Henderson. (Pp175; £22.00) Oxford: Oxford University Press, 1988.

Health economists have been active in the field of health care for decades but have contributed much less to the field of health and its promotion. Cohen and Henderson seek to remedy this defect in this book by demonstrating that the techniques of economic evaluation can be applied to show which forms of health promotion are "good value for money" or cost effective, and which forms of health promotion are a waste of scarce economic resources. Such evaluative activities may frustrate the disbeliever and enthuse the advocate by informing the process of policy choice with the best facts available concerning what is given up (costs) and what is gained (enhancement in the length and quality of life).

The book is divided into 11 chapters and is complemented with a list of references and author and subject indexes. The first chapter offers definitions of health, prevention and economics. Economics is the science of how people choose to allocate scarce resources amongst competing ends. Illness is a state of physical, social and psychological malfunctioning and prevention policies seek to alter the time profile of such states.

The second chapter is the only macro element in the book and explores health-wealth relationships across countries. The authors offer a tentative conclusion that unemployment produces increased ill health and that successful prevention policies could produce new burdens for society. The latter conclusion seems somewhat dated: given the demography of the 1990s, prevention policies which reduce work absence and enable people to defer retirement will produce valuable supplies of scarce labour.

In the third chapter the relevance of basic concepts such as supply (seller), demand (buyers), a market (a network of buyers and sellers), market failure and the need for government intervention are explored. The basic characteristics of economic evaluation are set out in chapter 4. Whilst this is comprehensive it is a little thin on the technique of cost utility analysis but this defect is remedied somewhat later (eg, p 98).

A series of case studies in primary prevention (ie, measures to prevent the onset of ill health and injury) and secondary prevention (ie, measures to protect presymptomatic disease) are analysed in chapters 5 and 6 respectively. The nature of the common methodological problems encountered in such studies

is examined in chapter 7 and a guide to good practice is offered.

In chapter 8 the topics of demand and consumption are explored. The authors summarise the data on the demand elasticities for alcohol and tobacco pre-1986 comprehensively, citing HM Treasury estimates from 1980 which have been revised subsequently.

The subject of demand is extended in chapter 9 where the familiar Grossman model is described. This demand for a health model has been developed by a variety of authors and Cohen and Henderson here seek to offer further innovations, in particular the concept of "utility in anticipation".

In the penultimate chapter the gains of prevention policy are described, as is the potential for avoiding losses of productivity in the labour force due to illness. The small outlays on health promotion in the UK are set out.

The final chapter examines the contribution of health economics to the promotion of prevention activities in the health field. The authors emphasise the usefulness of economics in providing an explicit framework in which the costs and benefits of competing policies can be appraised.

Whilst some of the content of this book shows its age (eg, the discussion of breast cancer screening ignores the Forrest Report and the subsequent debate about the cost-QALYs to be achieved from this intervention), the techniques are set out comprehensively and lucidly to provide a much needed introduction to the economic approach to illness prevention and health promotion. If those in community medicine and other areas of health services research read this volume, they will gain much which will facilitate the cost effective expansion of health promotion policies. Much rubbish has been written about health promotion and illness prevention. Cohen and Henderson demonstrate ably how economics can be used to sift the wheat from the chaff and "confuse" policy making in this important area with facts.

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Healthy Nutrition: preventing nutrition-related diseases in Europe. W P T James, in collaboration with A Ferro-Luzzi, B Isaksson and W B Szostak. (Pp 150; Sw frs 20) WHO Regional Publications, European Series No 24. Geneva: WHO, 1988.

In this book, Professor James and his co-authors discuss the diversity of dietary and disease patterns across Europe, the influence of obesity and

hypertension on morbidity and mortality, the role of diet in a large number of major health problems, population and high risk strategies to help prevent major diseases, nutrient goals, and nutrition policies.

The book has almost armchair readability and yet a vast amount of factual information is imparted in only 137 pages. For some diseases, however, evidence that dietary intervention may be of benefit is inconsistent. Readers might therefore be forgiven for wondering how the experts managed to reach a consensus of opinion that changes in diet should be recommended. Moreover, it is inevitable that in a short book there will be considerable selection of material. Unfortunately this increases the risk of bias and there is evidence of this in the book. For example with respect to coronary heart disease, the Oslo trial is set apart from "other trials on those at high risk" as if it were somehow better, but the sample size was small and the fact that the effect on total mortality was not significant is not mentioned. Also, discussion of the WHO European trial focuses on comparison of the individual countries, particularly on differences between Belgium and the UK, rather than on the trial as a whole. It is stated that it is "unrealistic to demand proof" that a dietary factor is linked to disease and few would disagree. The issue is not one of proof but of the nature of the evidence and the likelihood of benefit required before recommendations are made, recommendations which will have far reaching dietary, economic and social consequences. The fact that disagreement still exists among experts is obvious from the nutrient goals presented since there are variations in these between countries.

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Non-occupational exposure to mineral fibres. J Bignon, J Peto, R Saracci. (Pp 529; £45.00) Oxford: Oxford University Press, 1989.

Asbestos has attracted a great deal of attention from scientists, journalists and lawyers. From the insecure studies of exposure-response relationships made on industrial groups of workers, extrapolations have been made about risk to people in the non-industrial environment. At the same time, asbestos use has declined in the West and other mineral fibres have been introduced in its place in industry. Do these fibres bring with them a comparable risk to health to workers and to others incidentally exposed?

The current interest in mineral fibres in the non-occupational environment derives from anxieties expressed that very low exposures may still result in

the deaths of individuals living or working in, say, schools or office blocks. This volume records the proceedings of a conference on the subject at the International Agency for Cancer Research, Lyon, in 1987. It brings together many of the most eminent workers in the field of fibre research and covers experimental research on carcinogenesis, research on measuring fibres in different environments and in tissues, epidemiology and risk assessment. These last two sections, which comprise about a quarter of the book, are notable for reviews by Gardner and Saracci, the McDonalds and Julian Peto, together with original scientific observations on such matters as environmental mesothelioma in Cyprus and Turkey and pleural plaques in Corsica. There is a balanced summing up by Richard Doll.

This is clearly a book for those with a specialised interest in fibre related disease. However, the problems that it addresses are ones of considerable interest to epidemiologists and community physicians, and to anyone who looks for links between epidemiology and animal experimentation. It is worth a place in most medical libraries as the most up to date information on a complex and fascinating subject.

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Changing the public health. Research Unit in Health and Behavioural Change, University of Edinburgh. (Pp 221; £14.95) Chichester: John Wiley and Sons, 1989.

Changing the public health is another in the wave of publications advocating a new orientation for public health. Here, though, we find a book written from a different perspective. The authors' backgrounds are predominantly within the social and behavioural sciences and this provides the standpoint for their principal assertion: Public Health has largely succeeded in promoting the view that individual behaviour is the prime cause of preventable ill health today. This view has been reinforced by the media and politicians and, because of a lack of critical debate about its scientific basis, has become generally accepted. This "victim blaming" approach is unsatisfactory because it ignores the economic, social and political context of all human behaviour.

The authors examine, through a detailed review of the available literature, the areas of health behaviour and public health, the social construction of health and ill health, disadvantage and disease, health policy and health promotion. At the heart of this discussion is