Health economics is nothing more than an excuse for cost-cutting says Barry Wadeson

The dominant ideology within the NHS today is that of the bogus social science known as health economics. For government ministers and NHS managers it has spread with evangelical fervour and like all ambitious religions it is intolerant of any alternative ideas. Thus doctors, nurses and paramedics (who tend to talk of standards of care) are impediments to a new order of 'value for money' (ie inferior) health care.

Does health economics deserve this exalted status? The answer is no! It starts out with a set of simplistic assumptions and purports to discover the drawbacks of a technique which has not been fully evaluated.

Health economists offer a spurious rationality to the debate. Making decisions about who lives and who dies based on resources, has, they claim, always gone on; health economics has only brought it out into the open. This myth is peddled to distract members of the public who are appalled that economic considerations determine who gets treated. Decisions were made about who lived and who died in the past, but not on grounds of resources.

The final spurious claim of the health economists is that of their neutrality.

They take as self-evident the notion of rationing, which is nothing more than Thatcherite cost cutting in new clothes (1). Nor surprisingly they are the darlings of the political right who died in the past, but not on grounds of resources.

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Nevertheless, health economists began to measure everything, from time in the operating theatre to the number of dressings used? The result has been an explosion in the number of accountants and managerial staff whose job it is to count every safety pin and tablet.

Unruffled by their lack of medical or nursing knowledge (indeed health economists consider this a virtue) they push 'cheaper' alternatives to traditional treatments - such as 'keyhole' surgery. For health economists this promised the end of the hospital stay: gallbladder out in the afternoon and back home for tea. Only now do they begin to discover the drawbacks of a technique which has not been fully evaluated.

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