

A SIGNIFICANT MOMENT IN THE HISTORY OF TERRESTRIAL WHALES

Let's take a load off our feet, and go for a swim.



Downloaded from <http://read.oxfordjournals.org/> at <http://www.oxfordjournals.org/> on 21 March 2023

Editor's Note

## **The Challenge of Tracking Whales: Lessons from the Study of Changing Health Policy**

One would think that whales would be easy to track, particularly when they leave footprints. For similar reasons, one might imagine that the key juncture points in the history of a nation's health policy would be easy to trace. The systems for financing and delivering medical care are so large and their governance arrangements are so public, any important changes ought to leave plenty of tracks in the historical record. These key junctures should be particularly evident to scholars who live in the country in question, because they can draw upon the popular media, personal memory, and family experience, in addition to the typical academic resources.

In this issue, we sample the fruits of an ambitious effort to explain these national health policy dynamics. The European Health Policy Group, convened at the London School of Economics and Political Science, took up the challenge of testing theories of policy change, focusing on concepts of policy legacies and path dependencies that have become all the rage in studies of policy development. It was these key juncture points, the events that potentially set each nation's health policy on its distinctive course, that were the whale tracks sought by the scholars involved in this enterprise.

This collaboration was unprecedented in several senses: in its common theoretical framework, in the collaboration of economists and political scientists (two disciplines that don't always play well together, at least outside the confines of the London School of Economics), in the large number of countries that were studied and the even larger number of distinguished

scholars who were engaged as authors and reviewers, and, finally, in its focus on *explaining*, rather than simply describing, policy change. The two essays that open and conclude this collection were equally ambitious in their own right, charged with synthesizing the eleven cases and providing a more comparative perspective on health care reform. The introduction by Adam Oliver and Elias Mossialos interprets the case studies through the various lenses of institutional theory, whereas Bob Evans surveys the entire enterprise at 35,000 feet, thereby providing an elevated, albeit somewhat skeptical, assessment of the role of path dependencies in health-policy making.

Given these unique attributes, we were very pleased to consider these articles for publication. Collaborations of this scope and ambition are all too rare in the health policy field, in no small measure because they require a long and sometimes challenging commitment for all concerned. They survive to publication only when there are organizers willing to commit considerable time and effort to the collective enterprise. The strengths of this volume reflect the continued engagement, patience, and intellectual resourcefulness of Drs. Oliver and Mossialos, who deserve considerable praise for their efforts.

Yet for all the distinctive qualities of this cooperative enterprise, I suspect that some readers may feel a bit disappointed when they finish reading. Eleven thoughtful case studies yield remarkably few clear examples of whales making choices that forever alter their future. Why was it so hard to discern the seminal turning points that gave each health care system its own distinctive historical trajectory?

One possibility, of course, is that there never were any four-legged whales deciding to go for a swim. After combing the case studies for clues about how path dependencies shaped health-policy making, Bob Evans reaches a pretty conclusive “not so much.” Perhaps policy legacies were less important than expected because national health policies, when viewed through an appropriately wide-angle lens, were never really that distinctive to begin with. Most prior works comparing health policies consider two or three countries. Health care systems that seemed the product of unique policy legacies may look considerably less unique when assessed against a larger set of other nations. It is only from this broader perspective that one can discern the commonalities among countries that share a similar cultural heritage (the Scandinavian nations) or are at equivalent stages in the development of their welfare state (e.g., southern Europe).

But if distinctive turning points are not abundant, neither do health

policies proceed in lockstep across the face of Europe. Although commonalities may be more notable than distinctions when viewed from high above, the more closely one examines each country's health policy, the more evident are the influences of institutional constraints. Even for those case studies whose authors thoroughly reject the notion of path dependencies, Oliver and Mossialos still discern in their review the subtle influences of various institutional factors in shaping health policy development. The problem seems not so much that institutional influences are hard to find, but that they emerge in such variety and manifest themselves in such inconsistent manners that their influence, though present, is hard to predict in any reliable manner.

In the end, this extended and careful exploration of health policy dynamics permits us to neither reject nor embrace notions of path dependency in explaining contemporary health policy. Oliver and Mossialos leave us with an all-too-inconclusive bottom line, that "a single explanatory theory cannot account for all of the health sector developments that have occurred within any individual country, let alone across many different countries with diverse cultures, histories, institutions, and interests."

How inelegant. Particularly when compared to the typical single-authored comparison of national health policies, which typically presents a more coherent vision of policy change. But the benefits of coherence can be overrated. When any scholar endeavors to compare countries' policies in a sensible manner, he or she inevitably interprets those histories through the conceptual perspective that feels most comfortable. However careful his or her scholarship, the sense-making quest inevitably leads to a simplified historical narrative—one that downplays episodes or influences that are not fully consistent with the preferred paradigm.

The European Health Policy Group, though embracing a common conceptual framework for this study, nonetheless brings together authors with diverse scholarly interests and disciplinary training. As Oliver and Mossialos insightfully note in their introduction, this produced case studies that embodied varied understandings of which institutional forces shape policy development and how that process occurs. As a result, the authors of different case studies were sensitive to different aspects of health-policy making. This makes it harder to compare their conclusions in a sensible manner. But it also makes for a richer and more nuanced portrayal of the trajectories and juncture points in health care reform.

This inconsistency of perspectives and conclusions also highlights

another important aspect in our understanding of policy legacies. In his concluding essay, Robert Evans likens the study of policy dynamics to the theoretical perspectives from evolutionary biology, with their focus on punctuated equilibria, the gradual process of natural selection between the punctuation points, and the conclusion that “there is no meaningful concept of progress in evolution.” This analogy offers some useful insights into the similarities and differences between change in biological populations and human institutions.

I think that there is an equally useful comparison to be made on the empirical side of the ledger. The search for policy legacies in health care reform is in many ways reminiscent of the efforts of paleontologists to understand extinct animals by tracing the prints that they have left on various impressionable surfaces: mud flats, tar pits, and the like. Although the translation to political history may sometimes take us from mud flats to mudslinging, the parallel challenges are nonetheless noteworthy.

Were there only a single species (say, four-legged whales) living in an area during a particular historical epoch, it would be easy to trace its path down to the sea. Comparably, were there a single dominant way in which institutional legacies shaped current policy deliberations, one could straightforwardly discern whether these considerations were influential. As Oliver and Mossialos explain in their introductory essay, there are in fact a number of ways in which institutional considerations can shape policy development—indeed, at least three distinct families of theories, each with multiple members. When veritable herds of theories troop over the conceptual mud flats of history, their tracks inevitably overlay and obscure one another.

Viewed from this perspective, the greatest challenge to identifying policy legacies in national health care reform may not result because key juncture points (i.e., punctuated equilibria) are rare. Instead, the problem may be that there are too many historical influences, all overlaid on one another. If, as Bob Evans suggests, the distinguishing feature of institutional evolution is that institutions do not suffer massive die-offs, then each new arrangement becomes layered on top of those that came before. The resulting amalgamation is distinctive, not for its identifiable points of inflection, but for its complex interaction of institutional layers.

This alternative reading of policy legacies is messier than the conventional story of path dependency. Changes become more incremental and the influences of history more difficult to discern. The policy shifts embodied in any given era can be appropriately interpreted only by plac-

ing them among the strata of previous layers of policy development. This dependence on context makes policy legacies no less real. It simply calls for a more realistic sense of policy dynamics, one that I believe is richly documented in the articles in this volume. I trust that readers will enjoy digging through them.

Mark Schlesinger

