

Comments on the Retrospective Issue

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The occasion of this special issue provided a good reason to review what led this journal, in early 1982, to accept for publication a chapter from Paul Starr's then forthcoming book, *The Social Transformation of American Medicine*. Looking back at what we then wrote—as editor and managing editor of the *Journal of Health Politics, Policy and Law*—offers an interesting glimpse at the difference in context between 1982 and 2004. Reproduced on page 572 is the editorial note that Terry Eicher and I wrote, which is clear if not profound. What I am struck by now is how seriously and earnestly we assumed that thoughtful health policy analysis—historically informed, broad-ranging across law, politics, economics, and philosophy—might make a difference. That is the context in which we did something unusual: publish in a journal a chapter from a contemporaneous book.

What made sense of that in 1982 was the presumption that Starr's massive scholarly effort might well “influence some of our most serious understandings and disputes about how the medical care past will shape where we are going.” We were prepared to publish thirty printed pages, 1.5 times the length of the following (quite good) article by Nino Majone. We describe Starr's work as satisfying our “taste” for “disciplined reflection.” I now note how completely indifferent we were to the rather narrow criticism that emerged from some historians about the extent to which *The Social Transformation of American Medicine* lacked archival, primary sources and “used” the primary scholarship of professional historians.

Since Starr cited (and, I believe, used well) my own book on the politics of Medicare, I had considered that topic and had dismissed the criticism so thoroughly that publishing the chapter seemed delightful rather than distressing. Synthetic scholarship—the work of encyclopedias, first-rate textbooks, summaries of complex and disparate narratives, and so on—is to be judged by its own standards. They are not competitors with discovery of primary materials; visits to archives are to synthetic works as finding gems is to constructing jewelry. Both are important, but the test of the synthetic work is whether it confronts the complexity of the contending views and integrates and narrates in an illuminating, defensible way.

Starr's book did that, however limited it had to be in some respects when we look back from the vantage point of 2004. Indeed, I recall a sentence from the one joint essay that Starr and I published, in 1984, which reflected our modesty about making social scientific predictions: "The point of forecasting," we wrote, "is not to predict the future, but rather to change it. We know too much about the failure of even the most sophisticated demographic and economic projections to hope we could accurately predict the changing structure of institutions" (Starr and Marmor 1984: 234). I shared (and share) these judgments, but Starr wrote them. Anyone reading *The Social Transformation of American Medicine* in the twenty-first century should note this expression of seriousness and forecasting modesty. The book certainly did not change American medicine in ways Paul Starr would have wanted, but it did shape our understandings and extended our capacity to make sense of a medical world loaded with illusions.

Finally, the issue in which Starr's chapter appeared is itself worthy of some notice (see a portion of that table of contents, reproduced on page 573). The range of disciplines represented is impressive, and the quality of Larry Brown's commentary on contemporary Washington politics is commendable. What strikes me now is how much more crowded the field of health and health policy journals has become, with lawyers writing more for special law and medicine outlets, economists writing for their own journals, political scientists writing much less than others altogether, and policy analysts writing for their own journals as well. The *Journal*, like Paul's book, then reflected the assumption that we could have a common, broad, and important conversation about what American medicine was and should be like.

Reference

Starr, Paul, and Theodore Marmor. 1984. The United States: A Social Forecast, in *The End of Illusion: The Future of Health Policy in Western Industrialized Nations*, ed. Jean de Kervasdoue, John Kimberly, and Victor Rodwin. Berkeley: University of California Press.

From the Editors

This issue's mix of articles prompts us to consider recent patterns of submission and acceptance. The current stalemate in American health policy and politics is partly revealed in the articles we are now publishing. It is striking how many reflective essays we are receiving. There is a connection here with the diminished interest in national health insurance, with the retrenchment (if not demise) of health planning, and now even with the reduced likelihood that the current administration will thoroughly embrace competitive reforms. Many of our authors appear to be searching for lessons before addressing new directions.

In this issue, for example, Begun and Lippincott continue to draw inferences from past experience for procompetitive policy discussion; Benjamin and Downs take the same stance towards health planning, treating it in large measure as a historical program which we ought to ponder. Majone, in quite another policy area—setting standards for toxic substances—draws his lessons not from the past, but from abroad. On a much broader scale, Paul Starr's extended essay expresses our taste for disciplined reflection. But the Starr essay is also unusual for the *Journal* in three respects: first, it is a historical essay, of which we have had few; second, it is very long; and third, it is drawn from a forthcoming book—a book, though, that we think will influence some of our most serious understandings and disputes about how the medical care past will shape where we are going.

There may not be a pattern here, only the conjunction of submissions with the current judgments of our most energetic reviewers. Yet we suspect our own editorial leanings are at work as well. We are, for example, discouraging articles that treat health planning as if the year were 1976. And we encourage articles that treat the policy questions about retrenchment in Medicare and Medicaid in a timely fashion. Our Washington column, which allows for especially timely comment on recent developments, continues to flourish, and we are fortunate to have Larry Brown's acute observations each quarter. Just as we have welcomed extended comment upon our lead articles, so would we encourage responses to our editorial views and to the Washington Reports.

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