This book sets out an economic framework for thinking about problems of health and medical care based on the necessity of choice at both the individual and social levels. It shows the importance of personal behavior for health, the critical role of the physician in determining the cost of medical care, and the desirability of training more physician extenders rather than more MD specialists and subspecialists. [The SSCI® indicates that this book has been cited in over 390 publications.]

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My interest in health economics grew out of research that I conducted on the service industries in the late 1960s and was motivated, in part, by a desire to gain a better understanding of the postindustrial society that was emerging in the US and other developed countries. Lower fertility and longer life expectancy were transforming the age distribution of the population and this transformation, along with the fragmentation of the family and the decline of traditional religion, were creating new social and economic conditions. The growing importance of service industries such as health care was affecting the demand for labor, the role of government, the measurement of productivity, and the nature of economic growth.

Writing at a time when most policy discussions called for more physicians and more hospitals, I thought it was crucial to emphasize the importance of individual behavior in health. In arguing that the marginal benefit of medical care was small relative to its cost, I tried to distinguish between the payoff from increasing the quantity of care and the benefits from raising the quality of care through scientific research.

Another major theme of the book—the central importance of the physician in the cost of care—is reflected in the chapter entitled “The physician: the captain of the team.” Today, the situation has changed. A more appropriate title would be “The physician: the co-captain of the team.” In recent years practicing physicians have had to share their power with professional managers, planners, regulators, and third-party payers. This sharing of power does not come easily and may impinge on the physician-patient relationship in ways that are detrimental to good health care.

The response to the book was most gratifying. It was favorably reviewed in academic journals and major newspapers. Although not written with textbook use in mind, it has been widely used as required reading in university courses dealing with health. The book is, in many respects, a critique of medicine as it was organized, financed, and practiced in the early 1970s, but despite the critique most physician readers found it to be fair and informed. When writing a preface for a paperback edition almost a decade after initial publication, I found little reason to complain of misunderstandings or misinterpretations or to change the basic policy recommendations.

Indeed, in gaining acceptance for the application of economics to problems of health and medical care, the book may have been, for some readers, too successful. Although I still believe that economics is relevant to health policy, I am concerned about uncritical application of general economic principles with insufficient attention to the special characteristics of health and medical care. Health is the outcome of a process that involves patients and health professionals working together; mutual trust and confidence contribute greatly to the effectiveness of that process. However desirable they might be in other markets, an arm’s-length adversarial relationship between buyer (patient) and seller (physician) and atomistic competition should not be the goal of health-care policy.

One result of the publication of Who Shall Live? was to draw me more heavily into the health field than was my original intention. I have, however, been able to investigate some other aspects of postindustrial society, including the family and issues of gender. My most recent views on the economics of health care will be presented in Health Affairs.


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