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Paul V. Dutton, *Origins of the French Welfare State: The Struggle for Social Reform in France 1914-1947*. Cambridge University Press: 2002, 251 pp. \$60.00 U.S. (hb). ISBN 0-521-81334-4.

Review by George Weisz, McGill University.

Comparative history can serve many purposes. In cases where little is known about conditions in certain countries, surprising differences come to the surface; these frequently call into question assumptions about the naturalness or universality of certain practices or institutions commonly taken for granted. In other cases, however, fundamental differences are already well known. The fact that the USA does not have a universal national health insurance system while most other western nations do is hardly a secret and the story of American exceptionalism has been told repeatedly albeit within a variety of interpretive frameworks. The French situation is less well known and one of the virtues of this book is to provide a readable English-language account of the evolution of health insurance in France. Aside from one gigantic and obvious contrast between the two systems—one has a universal health insurance system while the other does not—there are few surprising contrasts to present. Perhaps as a result of this, the author insists throughout on some of the common characteristics shared by the two national systems in spite of their visible differences.

Perhaps the most significant feature of two systems is that they have traditionally been workplace based. This has had a profound impact on the ways the systems function. In the US the link has been direct through plans paid for employers and employees while in France the link has become progressively more indirect as public health insurance plans have been managed by business and union leaders. It is one of the policy themes of this volume that workplace linked health security has proven inadequate in recent decades in dealing with increasingly expensive health needs. “The legacy of workplace linked health security must be recognized for what it is—a twentieth-century solution that is failing to solve twenty-first century health security problems” (p. 18).

A second common feature has been a shared attachment to private practice medicine. This has led in the case of France (as in many other nations) to acceptance of public health insurance on condition that certain features of private-practice medicine are respected; in this case this includes direct payment by patients to physicians and free choice of physicians. In contrast, the American medical profession initially opposed even private health insurance plans that doctors did not control and never abandoned its opposition to national health insurance. Although American physicians did eventually agree to and profit from Medicare and Medicaid, such unwavering hostility to any form of broader public coverage is fairly unprecedented internationally. The fight for physician autonomy has occurred everywhere, but Dutton claims nowhere has victory been more complete than in France and the US. (This interesting claim is never fully documented.) In France, a compromise was reached which incorporated existing insurers, mutual aid societies, into a system of compulsory health insurance while reinforcing fee-for-service private medicine. In the US a complex system of private, public and no health insurance exists. In both countries moreover efforts to rationalize health practices and keep costs down are threatening traditional physician autonomy. French doctors, the author suggests without documentation, may in fact be weathering this onslaught far more successfully than their American counterparts who deal with private insurers. This could come as something of a surprise to French doctors who are chronically

disgruntled and who, the author admits, are far less well paid than their American counterparts.

After World War I, supporters of health insurance in France and the US shared many common values and a commitment to gradualist reform. But French reformers were in a far better position to build a multi-partisan compromise cutting across class lines supporting compulsory health insurance. Dutton is especially strong on the French case about which he has already written an important book and emphasizes the struggle for control between employers and mutual aid societies both of which administered insurance funds. French unions were divided about health insurance but on mainly pragmatic grounds. American unions were also divided but those opposing health insurance like the American Federation of Labor saw it as a violation of individual liberty and thus constituted far more intransigent and effective opponents of health insurance.

From then on the two systems did not cease to diverge, although as Dutton points out parallels continue to exist. Both have resisted a British style public health service in favor of fee for service and both have resisted funding based on general taxation rather than on workplace contributions. The latter distinction seems a bit overstated given that in France those who do not contribute also receive coverage and governments have various ways of moving money from one accounting category to another. In contrast, the consequences of such a system in the USA are far more dramatic.

A much more important feature uniting the two systems, indeed virtually all health care systems, is the fact that private insurance continues to play a major role. No state system no matter how it is financed can pay for everything and choices are often arbitrary and surprising. (The otherwise admirable Canadian system avoids paying for dental care for all but young children—surprisingly short-sighted in the view of many—and individuals finance medications as opposed to medical procedures through separate and relatively expensive private, usually workplace, or provincial insurance plans.) And as Dutton points out contributions of governments at all levels in the US account for about fifty percent of all costs, not as high as in Europe but considerable given the exceptionally high cost of health care in that country. Both systems are facing serious problems, some of them universal like rapidly rising health costs. The American system seems uniquely poorly structured to control such costs but even in France there seems little choice but to face rising costs by lowering quality, reducing services or access, or decreasing convenience. So far the French like the Germans seem far more satisfied with their health-care system than do Americans but it is not clear how long this will last in the face of increasing austerity and chronic conflicts between governments and fragmented medical professionals.

A book like this is useful primarily for Americans who can thus learn about a foreign system they know little about in a way that is infinitely more serious than the carefully staged and one-sided snippets that one finds in such films as *Sicko* or the contrasting media bits showing the awfulness of foreign health care is. But the book has little new to say about the by-now exhaustively studied American system. And the author's declared aim of pointing out how varied are the health care systems in Europe would be better served if greater attention was paid to the structures of some of these other systems and the ways in which they are dealing with current problems. The main practical policy suggestion, shifting from wage-based to population-based financing, while not a bad idea, is hardly a panacea. Neither the UK nor Canada has wage-based financing and it is hardly clear that they are doing significantly better than France with its workplace *caisses* or Germany with its system of *Kassen*.

An equally serious limitation is the narrow focus on insurance and its financing. Certainly the question is almost impossible to avoid when one of the subjects is the USA but given the title of the book emphasizing "health care problems and their solutions" it is disappointing to see so little about other critical issues: the attempt to predict the need for health personnel and efforts to produce them; levels of investment in research; the spread of clinical practice guidelines as a way of eliminating practice variation; how each country has dealt with the conflicting demands of two apparently contradictory movements—evidence-based medicine, and increasing patient rights and demands; regulatory mechanisms for dealing with public health issues; and perhaps most surprisingly in the case of France,

the way in which the European Union has been changing the rules of health care in ways whose consequences are not yet totally clear.

Such caveats aside, Paul Dutton has written a solid and useful book. While I doubt whether it or other scholarly studies will have much of an effect on the highly politicized debates currently taking place in the United States, any attempt to examine other systems without idealizing or demonizing them is all to the good. And for historians and political scientists, it is useful to be reminded that there exist surprising parallels as well as profound differences among health care systems and to see these outlined so clearly and cogently.

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