

a common feature of the book. As the first to feature a joint effort of several local scholars at the NUS, the book itself is to be commended. It works like this that admirably map Samoa's journey as an independent nation.

ASENATI LIKI-CHAN TUNG

*The University of the South Pacific*

*Democratic Governance and Health: Hospitals, Politics and Health Policy in New Zealand.* By Miriam J. Laugesen and Robin Gauld. Otago University Press, Dunedin, 2012, 214pp. NZ price: \$40. ISBN 978187578274.

The use of history to inform policy is an important new development within the academy: for instance, an online UK forum called 'Policy & History' is designed to place historians' research into contemporary policy discussions. This study forms a contribution to that new endeavour. Miriam Laugesen and Robin Gauld, both specialists in health policy, have used an historical analysis to question whether New Zealand's unique system of elected hospital boards is the best way to ensure high-quality, accessible health services for New Zealand. They believe that history provides lessons for current policymakers. Their preferred model, as a result of reviewing the history of elected hospital boards, is a system of clinical governance based on management-clinician partnerships, with informed and experienced community representation.

While Laugesen and Gauld are drawn to history to explain New Zealand's long-standing attachment to elected health boards, the strength of the book lies in the policy discussion and changes in the management of health care from the 1980s. Indeed, the book changes significantly in tone and in source material once they come to this more recent history. For these more recent decades they draw on official documents and current studies to support their arguments, and their narrative and analysis is rigorous and convincing. This is not the case for the earlier decades. I submit that a 1925 *New Zealand Truth* article on its own is not the best source to illuminate doctors' attitudes to health care in the 1920s, and yet this forms the basis of their evidence. Nor would I rely on two *Evening Post* articles to understand the 1923 Royal Commission of Inquiry into Hospitals. No historians would agree that a publication of the 'International Labour [sic] Office, 1936' followed by an *Evening Post* article in 1932, are the best sources to explain the first Labour government's manifesto for health. What about Labour's own publication by D.G. McMillan in 1934 (*A National Health Service: New Zealand of Tomorrow*), which set out Labour's goals relating to health services, but about which the authors seem unaware? They refer to 'D.G. Bolitho (1979)', but do not specify that this was an MA thesis, and do not reference Bolitho's formative 1984 *New Zealand Journal of History* article on medical responses to the 1938 Social Security Act.

The authors would have been well advised to collaborate with historians or keep the discussion to the more recent decades about which they are better equipped to deal with. They do not appear to understand the use of official archives (for some time now called 'Archives New Zealand' and not 'National Archives' as in their references), or the historian's requirements for citations. For instance, the endnote for a reference listed on page 27 as 'National Archives' includes neither a date nor a file number. Nor is this an isolated case; elsewhere, too, in these early chapters, the source references are far too generalized or lacking in specifics to be of any value. Historians would be a little sceptical of the use of the papers of the Medical Association's leader Dr James Jamieson (again, where in these archives remains unspecified) to elucidate the views of farmers in the 1930s on taxation policy, or a 1980 report by George Gair (the National

government's Minister of Health 1978–81) to explain health care in the 1950s.

Indeed, there is enough secondary source material to sustain this section of the book without these cursory dips into primary sources, but oddly the authors have not used obvious sources. For instance, the discussion of the 1885 Hospital and Charitable Institutions Act is not referenced to Margaret Tennant's comprehensive study of charitable aid (*Paupers and Providers*, 1989). They have not drawn on any general histories such as those by James Belich, despite referring to New Zealand's changing relationship to Britain in explaining changing local government. In discussing nineteenth-century hospitals and how they were funded, an obvious source would have been historian Derek Dow's chapter on hospitals in my edited collection *A Healthy Country* (1991). Nor have they looked at any hospital histories or histories of the medical profession. In short, the chapters prior to the 1980s are thin at best.

Another noticeable omission from the early chapters is any discussion of the history of the Department of Public Health / Department of Health. The authors show how in the modern period hospital boards expanded their purview to embrace public health and primary care. They note that the influence of modern district health boards is vast; in 2011 they were responsible for much of the \$12 billion in public expenditure directed funded by taxpayers via the Ministry of Health. It would have been instructive then to consider how the predecessor to the Ministry of Health engaged with the public and the extent to which consumers wielded any influence over its policies, and whether it had a more successful management structure than did the hospital boards. The Department of Health itself was also involved in hospital management, in maternity, tuberculosis and mental health hospitals, but the history of this aspect of health care and management is not set out. Here, the authors could have drawn on Derek Dow's history of the Department (there is one reference to his book, relating to the National Party's 1949 manifesto).

To contextualize New Zealand's system of elected hospital boards, Laugesen and Gauld provide a brief discussion of health administration in comparable countries. They explain that New Zealand was unique in having elected hospital boards, but they also note that in Sweden 20 county councils are responsible for almost all aspects of health care within their boundaries, that county councils are elected, and moreover that these locally elected governments have taken on more responsibilities for health care in the last 20 to 30 years. They proceed to say that two 'important reforms' (p.41) occurred there in 1982 and 1985, but frustratingly they don't say what these reforms were or why they were important. The Swedish comparison clearly warrants more attention.

The authors come into their own when they discuss policy changes in more recent decades. Here they navigate through policy changes, government directives, committees of inquiry and acts of parliament to explain changes in health and hospital administration, and show how the responsibility of the boards expanded to include public health and primary care as well as hospitals. Of particular interest was how the 1990s National government's attempt to demolish elected boards backfired on it, leading to a whole series of policy reversals. They make the interesting point that the abolition of the elected boards was so unpopular because it was linked to National's attempt to wind back the welfare state. Public participation in health provision was a politically sensitive issue, as governments have been well aware.

This volume is a significant contribution to the literature; it will be useful for students of health-care policy and should be read by policymakers. If I take issue with some of the historical methodology I think there is a lesson here for our historical profession. We should be much more prepared to reach out and become involved in discussions with other disciplines. All disciplines would benefit from more interdisciplinarity; this certainly would have strengthened this particular study.

LINDA BRYDER

*University of Auckland*