

Reich, Adam D. *Selling Our Souls: The Commodification of Hospital Care in the United States*. Princeton: Princeton University Press, 2014. 248 pages. Hardcover, \$39.50.

Health care is not only a basic need, but also - in the absence of universal health care in the United States - a scarce resource. As a proportion of gross domestic product, Americans spend much more on health care than other developed countries (18 percent of GDP); however, Americans are not healthier nor do they receive additional services for the extra money they spend. While the cost of health care remains a nagging economic, as well as emotional issue for most Americans, the provision of health care service is big business. In this regard, the United States is noticeably unique on its reliance on market forces to determine the organization and allocation of all health care, including hospital services. The book *Selling Our Souls* is the report of detailed fieldwork, interviews and observations conducted by sociologist Adam Reich of three hospitals in Las Lomas, California. Besides interviewing nurses, doctors, support staff and administrators at all three facilities, the author conducted over two hundred hours of participant observation within the three hospitals. The study shines a bright light on the moral-economic contradictions in the health care industry. Thus, the contradictions inherent in the declared mission of hospital care and profit-making is the thematic focus of this book.

To understand these contradictions, Reich embarked on an in-depth study of three hospitals - PubliCare, HolyCare, and GroupCare - in a medium-sized city, each of which was founded at different periods in the history of U.S. medicine to serve a different kind of patient. First, PubliCare was started in the 1860s in the era of the almshouse to provide the poor a basic right to health care. It was privatized in 1996. Second, HolyCare was founded by an order of Catholic nuns in the mid-twentieth century as a private hospital to cater to a paying clientele. Lastly, GroupCare emerged in the last decades of the twentieth century in the era of health management organizations (HMOs). It began as the medical organization for the industrial working class, with a pledge to rationalize individual health care by reducing medical uncertainty and controlling medical spending.

Today, contradictions between previous mission statements and intensifying market pressures to cater to the bottom line confront hospitals. PubliCare, which was established to provide care for the poor and the uninsured, faces the contradiction between health care as a right and health care as a scarce resource. Many care providers at the hospital tried to live up to the hospital mission statement and, thereby, worked against the financial interest of the hospital administration, who tried to make the facility financially viable. By providing health care as a social right, PubliCare, in a way, prevented the commodification of hospital services. However, due to patients' never-ending needs and the organization's inability to reconcile the right to care with the market for care, the hospital always verged on the brink of collapse. In fact, it has been losing money, particularly since its privatization, and its future is feared uncertain. The egalitarian culture at PubliCare, cultivated and reproduced over the years, was incompatible with the desire to turn the hospital into a profit-making venture.

Of the three featured hospitals and, perhaps, given its affiliation with the Catholic Church, HolyCare is reported to be the most explicitly mission-driven. HolyCare, which was founded to preserve the moral and spiritual dimensions of care, wrestled with the relationship between these and the market threatening to reduce these commitments to mere rhetoric. Decidedly, the entrepreneurial administrators and caregivers tried to achieve their mission through the market rather than in opposition to it. Besides attending to some uninsured patients, HolyCare's emotional and spiritual dimensions of care were packaged for a wealthy, paying

clientele seeking a personal touch with their medical care. The hospital operated like a fancy hotel with posh furnishings, personalized service, and an air of comfort. Unlike the other two hospitals, doctors at HolyCare filed their own billings, which meant that they were paid solely on the number of patients they saw. In effect, this market orientation to medicine, in many respects, enhanced the doctors' commitment to the provision of high-quality care. Even accusations of overtreatment by other doctors in the county did not dent HolyCare's reputation as a preferred hospital, where patients received the highest-quality care. Apparently, by framing the market in moral terms, Reich argues, HolyCare was the most financially successful of the three hospitals.

GroupCare, an HMO, designed to rationalize care across its clientele was confronted with "the tension between the flourishing of each individual patient and the well-being of the population as a whole" (p. 12). It experimented with scientific medicine, as well as bureaucratic and standardized procedures, and, if successful, they were diffused across the entire organization. The avoidance of costly medical errors, and the elimination of unnecessary tests and interventions, was emphasized. With a focus on efficiency, GroupCare invested resources to ensure that patients managed chronic health conditions, but the hospital invested less in acute care. Members were encouraged to play an active role in their health, and to participate in educational seminars and fitness classes sponsored by the hospital. To motivate doctors and change procedures, the organization administered membership satisfaction scores and surveys. To some extent, GroupCare is likened to a planned economy and, of the three hospitals, it offered the most promising possibility of reigning in the rising cost of hospital care. However, it did so partly by (a) excluding the uninsured, who received less care at GroupCare than at the other two hospitals; and (b) by reducing health care to a series of technical interventions. Implicitly, all of these contradictions affect not only the way each hospital relates to its patients, but also the nature and structure of social relations within the hospital and among its practitioners.

In summation, while the public hospital (PubliCare) was founded for the poor and uninsured, and operated in opposition to the market; and the voluntary hospital (HolyCare) framed the market in moral terms and catered primarily to the well-heeled; the HMO (GroupCare) began as the medical organization for the industrial working class and sought to align medical care with market norms. The three hospitals represent not only three different regimes of American health care, but, perhaps, also different time periods. As Reich puts it, "If PubliCare is reminiscent of the hospital's past, and HolyCare is indicative of health care's present, then GroupCare seems to anticipate health care's future" (p. 191). Even with the Affordable Care Act (ACA or Obamacare), U.S. health care is still closely and, perhaps, unavoidably linked to the profit motive. While the author shares the belief that the United States must structure the provision of health care without reliance on self-interest and gain, he also thinks that, with the commodification of health care services, hospitals will continue to struggle to strike a balance between their public purpose and revenue considerations. Despite the fact that several millions of people now have health insurance coverage under the ACA than before, Reich is not optimistic that the contradiction between hospital care as a social right and hospital care as a scarce resource will be resolved anytime soon. Kudos to Adam Reich for this well-researched book! Students of medical sociology, as well as health management and policy, will find *Selling Our Souls* useful.

Okori Uneke, Ph.D.

Associate Professor of Behavioral Sciences

Winston Salem State University
Winston Salem, North Carolina