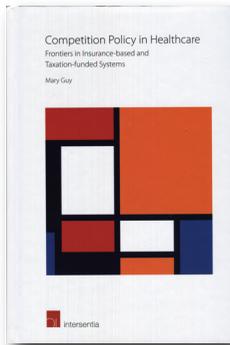


COMPETITION POLICY IN HEALTHCARE. FRONTIERS IN INSURANCE-BASED AND TAXATION-FUNDED SYSTEMS



Competition policy in healthcare. Frontiers in insurance-based and taxation-funded systems

Mary Guy
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The reform of the healthcare system to promote improved quality of care and lower cost growth has been a policy objective of many European countries for decades. The introduction of competition in healthcare is an issue that is always raising controversy between those who claim that this could solve all the big problems affecting this sensitive issue and those who regard the introduction of competition in healthcare as a source of inefficiency. Understanding whether competition will drive quality improvement, or, on the contrary, will sacrifice quality, is crucial for assessing whether quality improvement objectives can be achieved.

Competition policy in healthcare. Frontiers in insurance-based and taxation-funded systems, written by Mary Guy (a lecturer in Law at Lancaster Law School), is one of the very few books so far to address in great detail this important topic associated with public health taking into account two very different European healthcare systems: the taxation-funded English healthcare system and the insurance-based Dutch one.

Starting from the assumption that healthcare is fundamentally different from other liberalized sectors and thus requires a special treatment, the author in this book brings an innovative, comparative approach to the study of competition policy in healthcare by analyzing the Dutch 2006 reforms and the reorganization of the National Health Service (NHS) in England in 2012.

Competition policy in healthcare. Frontiers in insurance-based and taxation-funded systems is structured into four chapters: Chapter 1 analyses the competition reforms in Dutch and English healthcare systems and the evolution of competition policy by reference to legislation and policy documentation, Chapter 2 examines the applicability and application of the competition law in Dutch and English healthcare systems, Chapter 3 discusses the sectoral regulation in healthcare, with reference to the Competition Authority and the Healthcare Regulator in the Netherlands and England, Chapter 4 focalizes on the specific themes of hospital mergers, general merger control and the development of “healthcare-specific” merger control in the Netherlands and England.

The author has also dedicated two sections (List of cases, List of legislation) to the analysis of some important case law, making this book of real interest for scholars and policy makers who are interested in a detailed analysis of the topics of healthcare and competition.

The last section of the book, Conclusions, is divided into two sections. The first one is a summary of the findings of the first four chapters, the second one elaborates the two broad themes that emerged from

these findings in order to offer a starting point for future discussions and policy: the need of tailored approaches to accommodate the specific characteristics of the national healthcare systems, and the relationships between the EU competition law framework and the emergent national policies in healthcare, of course in the future this factor will play a very different role in these two countries which however doesn't change the implications for other EU countries.

Even if Mary Guy's study is focused only on Dutch and English healthcare systems, this book is an

informative read that can be useful to those who are interested on the topic of public healthcare provision, as well as an excellent starting point for thinking about future developments in the field.

Annarita Barbaro
Knowledge Service/Library
Istituto Superiore di Sanità, Rome, Italy
annarita.barbaro@iss.it
<http://orcid.org/0000-0001-6089-5983>