

## Alan Maynard – alas no more

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If you wanted to know what people thought of Alan Maynard, the pioneering health economist, and why they thought it, you could not do better than to pick up a little yellow paperback called *Maynard Matters – Critical Thinking on Health Policy*\* which will tell you nearly all you need to know about him and why he and what they thought of him mattered. It won't tell you about his lovely family (Liz and four kids and grandkids) and what his passing will mean to them. Nor will it tell you about his long battle with myeloma, which got him in the end, but throughout which he maintained an immense, even pugnacious, courage that was typical and that astonished (at least it did me). I have had Alan as a friend and colleague since 1966, which is something to treasure. In many ways we complemented one another, sharing the same discipline, the same basic values about health and society, attaching the same high value to the use of evidence, the same commitment to openness, and the same opposition to smugness, hypocrisy and cant in academia and public policy. He was always more hands-on than I, a harder worker, and wittier to boot, so his impact on "what matters" has been deservedly bigger than mine.

He will be chiefly remembered as an uncompromising rubber of other people's noses (especially those belonging to doctors, politicians and health service managers) in the ineluctable truths of economics. His economics was not over-sophisticated and he never blinded innocent mind with maths or weighty abstractions. Simple mainstream economic points, well-made, empirically bolstered, forcefully (often ironically) expressed and insightfully applied to serious problems - these are the hallmarks of classic Maynard the window-breaker (not my phrase but Virginia Bottomley's – consult the yellow paperback). He could coin a phrase. My favourite is "NHS reorganisation", a very handy neologism for all students of health care in the UK. These talents made him a brilliant teacher. I can't imagine anyone sleeping through an Alan Maynard lecture.

He was not the only economist thinking about health matters but he, more than anyone, got it across to the world outside economics. He did it, moreover, without distorting the economics. In multidisciplinary territory, it is the easiest thing in the world to forget the precision of the basics, especially when technical vocabulary is shared with the vernacular: terms like cost, comparative advantage, utility, output. Not Maynard. He also understood and tackled the applied areas where economics has been weak: especially non-welfarist maximands, resource distribution, and the Cinderella topic, mental health. He tackled these long before they became commonplace concerns.

But. (There's a good one-word sentence for you.) Look at that yellow paperback. The first half of it tells you what others thought of him. The second tells you what he thought – about regional inequalities in the NHS, putting in the economics into evidence-informed medicine where Cochrane and Sackett had stopped short, resisting the narrowing perspective of "health economics" as it tended to become identified with "cost-effectiveness analysis", addiction and policies for behaviour change, manpower (as was once said) planning and role substitution in the clinical professions, misdirected training in public health management skills, redirecting policy focus from inputs to outputs, the need for rational rationing, competition and choice in the NHS, denouncing market idolatry, NHS disorganisation and reorganisation, fallacious international comparisons of healthcare systems, general practice fund-holding, and sensible regulation of pharmaceuticals.

Nearly all his writing across this wide portfolio of topics appeared in accessible places – most notably the Health Service Journal – that were not exclusively where economists write for economists. This was his greatest gift: to be able to summarise large literatures in approachable language with eagle-

eyed targeting and dollops of irony to discomfort the complacent. It wasn't his only gift. He also made notable contributions to the material summarised. He founded the Centre for Health Economics at York and nurtured it into an internationally dominant position. He directed the first UK Masters programme in health economics at York, which can convincingly claim still to be the world leader. He taught countless students and won and undertook dozens (possibly hundreds) of research grants. He was an indefatigable lecturer throughout the UK and abroad. He was a generous helper and supporter of other university centres of health economics expertise (notably Aberdeen, from which he had an honorary doctorate). He was a committed Chair of York Hospital for twelve years and of the Vale of York NHS Commissioning Group for four until his health began to fail. He received an OBE for his service to the NHS.

In 2015 he was a recipient of the Graham Prize for Health Services Research. Previous winners included Uwe Reinhardt, Mark Pauly, David Sackett and Don Berwick. The Prize recognizes the contributions of health services researchers who have had a significant impact on the health of the public in one of three primary focus areas: health services management, health policy development, and healthcare delivery. The independent committee of past winners, distinguished academics, and internationally recognized researchers noted that Maynard was simultaneously outstanding in all three.

In these days, when academic merit is increasingly being reckoned in terms of "impact", he surely stands alone as an outstanding health economist who really did make a difference.

\* <https://www.york.ac.uk/che/publications/books/maynard-matters/>.