



Health Care Reform: A Wicked Problem

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I have [blogged before about articles written by Atul Gawande](#), a surgeon and faculty member at the Harvard Medical School. He is an original thinker who always offers a slightly different perspective on important issues. Many things have been written about health care since the Supreme Court's ruling on President Obama's plan. [Gawande's recent blog post on The New Yorker's website](#) discusses the implications of health care reform in the context of addressing so-called "wicked problems." Not only does he offer helpful insights into the health care debate, but those insights apply to other wicked problems facing North Carolina and the country.

Notwithstanding heart-breaking examples from his medical colleagues about the need for greater access to affordable care, Gawande argues that battles over President Obama's plan, or any other plan, will continue because health reform is a "wicked problem." "Wicked problems are messy, ill-defined, more complex than we fully grasp, and open to multiple interpretations based on one's point of view." The opposite are "'tame problems,' which can be crisply defined, completely understood, and fixed through technical solutions. Even when tame problems are complicated, like putting a man on the moon, they "either work or they don't."

In contrast, solutions to wicked problems involve unavoidable trade-offs, as well as unanticipated complications and benefits. Trial and error is the order of the day. Reforms are evolutionary and "[a]ll that leaders can do is weigh the possibilities as best they can and find a way forward." Here's the challenge, especially in our hyper-partisan and ideological time. "No solution to a



wicked problem is ever permanent or wholly satisfying, which leaves every solution open to easy polemical attack.”

Gawande describes how the “rhetoric of intransigence,” which has been used throughout history to oppose basic social change, is being used to oppose health care reform. In other words, it is easy to point out the problems associated with any proposed solution to a wicked problem. Health reform is no different.

He argues that progress on major social problems has “required widening our sphere of moral inclusion.” Leaders continue making an effort and a consensus finally emerges that something needs to be done. Extending the right to vote to women and black people is an example. Gawande believes that “the Court’s ruling keeps alive the prospect that our society will expand its circle of moral concern to include the millions who now lack insurance.”

Regardless of your politics or your position on health care reform, Gawande brings his usual insight to this issue. As we extend the School’s work on public policy, his analytical framework is helpful in anticipating and understanding some of the challenges we will face.