

that offered personal choice, but also had penalties attached for the procrastinators)? This might be the perfect compromise between authoritarianism, on the one hand, and what we have too often in preventive health today—complete freedom to fail.

Suppose your doctor tells you that you need to get your cholesterol checked. That means fasting the night before the blood test, driving to the lab the next morning without breakfast, sitting in a crowded reception room for what seems like hours, and finally, having the nurse come and get you so that she can stick a needle into your arm. Facing those prospects, you immediately begin to procrastinate. But suppose the doctor charged you an up-front \$100 deposit for the test, refundable only if you showed up promptly at the appointed time. Would you be more likely to show up for the test?

What if the doctor asked you if you would like to pay this \$100 deposit for the test? Would you accept this self-imposed challenge? And if you did, would it make you more likely to show up for the procedure? Suppose the procedure was more complicated: a colonoscopy, for instance. Would you be willing to commit to a \$200 deposit, refundable only if you arrived at the appointment on time? If so, you will have replicated the condition that I offered Gaurav's class, a condition that certainly motivated the students to be responsible for their own decisions.

HOW ELSE COULD we defeat procrastination in health care? Suppose we could repackage most of our medical and dental procedures so that they were predictable and easily done. Let me tell you a story that illustrates this idea.

Several years ago, Ford Motor Company struggled to find