

Forum

The Aim of American Medicine Within the Constraints of Today's Society

Beginning in the August 1986 issue the editors of *The Western Journal of Medicine* began a forum for dialogue and discussion of the aim and purpose of medicine within the constraints now being placed on health care. Readers and others are invited to submit their views constructively and succinctly. As many as space permits will be published in future issues of the journal. At an appropriate time all the material will be collated and, if possible, the distillate will be prepared as a statement on "The Aim of American Medicine Within the Constraints of Today's Society."

MSMW

The Measure of a Society's Worth

LINDA HAWES CLEVER, MD

FRANKLY, I'M WORRIED. And tired of colloquies about "cost containment," "cost benefits" and "cost effectiveness." And also tired of the various acronyms and initials that are so pervasive in medicine these days. And I'm not at all fond of the creeping incursion of marketing terminology into our field; since *when* is health care a "product" and not a *service*?

But most of all, I'm worried.

I'm worried about analyses of health promotion which show that *prevention may increase health care costs*. Treatment of hypertension, for example, may lead to increased lifetime health costs because people live longer (albeit mainly healthier) lives. An increased life span also suggests that the Social Security System may be depleted of funds sooner and longer. What cost controls might be proposed to address this "problem?" Research in health promotion might be stifled in order to squelch the discovery of effective ways to improve health. Health promotion programs such as smoking cessation might be discouraged.

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I'm also worried about the weak, the powerless, the susceptible among us: the children, the elderly, the disabled, the poor, the afflicted. What will all of the money-talk and save-money action do to them, to us? If a society's worth is measured by its care of the vulnerable, are we worthy? Or in danger of slipping badly? Or have we already slipped?

Above all, I'm worried that we will be hypnotized by the "cost-containment/effectiveness/benefits" rhetoric and the health plan debates and the marketing mystique. If we think that good health and concern for the vulnerable are important to our world, we must recognize that it may be downright *expensive* over the long haul to treat hypertension in a young person or to care for a mentally retarded person with dignity and kindness or to make sure that poor children get immunized and fed. What choice do we have?

An Issue Facing Our Society

MARSHALL B. BLOCK, MD

BEING FROM A STATE that is considered a retiree haven, this writer can appreciate but not agree with the article "Cut the Cost, Keep the Care" by George E. Pollock in the August issue.¹ He would like us to give "the best care to those in need of it regardless of their ability to pay." Perhaps in an idealized society that can be arranged, but the realities of life lead me to question whether such a goal is attainable.

Assuming we eliminate much of the waste, and get down to the nuts and bolts of medical care, the increasing age of our population and ever-increasing costs of sophisticated studies are producing a staggering health care bill for our country. Unless our society is willing to spend more than 10% to 11% of our gross national product for health care, there is no way we are going to accomplish Mr Pollock's goals. Rather, society is going to have to make some hard decisions about where to allocate its limited health care resources. We are going to have to limit care somehow, somewhere, on someone.

Unfortunately, the older we get, the sicker we are and the less productive we become. Ethically, morally and politically it is easier to limit access to services for our older population. For instance, if one had to decide who would undergo renal dialysis, would it be a 75-year-old man or a 35-year-old man with three young children? Mr Pollock and the American Association of Retired Persons I suspect recognize this fact and would have us ignore the issues I have raised.

The rationing of medical care, long an anathema to our

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