

GUEST EDITORIAL

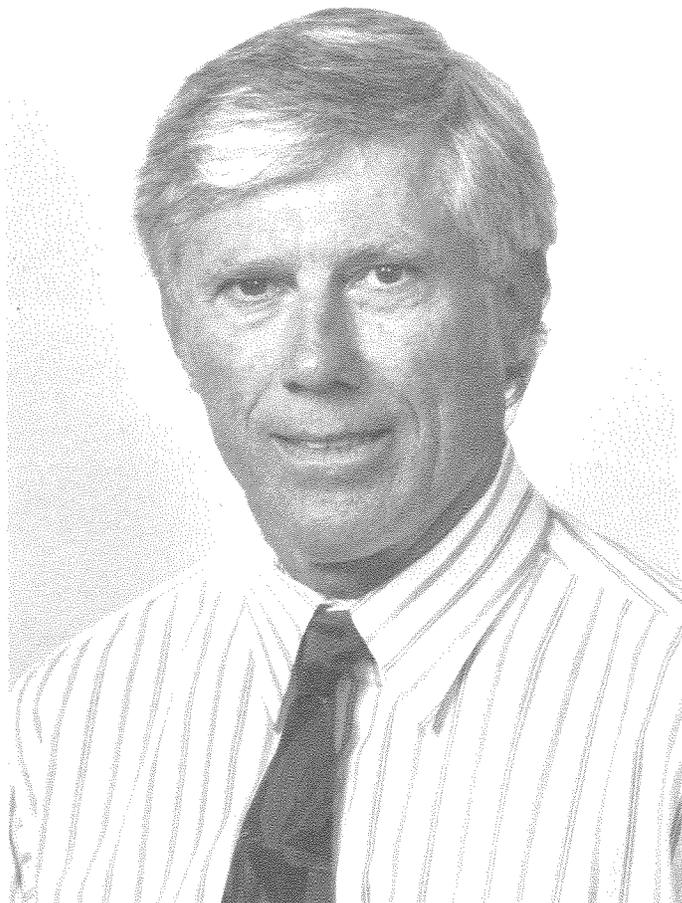
From Curing to Caring

I recently read a book written by Daniel Callahan entitled "What Kind of Life: The Limits of Medical Progress." Some of Callahan's ideas are controversial, but whether you agree with them or not, they are worth considering as we debate the future course of healthcare in the United States. He also has some thoughts about federal expenditures for research and development that I shall get to later. With apologies to Callahan for oversimplification of his ideas and for any unintended distortion of his basic thesis, let me try to summarize some of his major points.

Callahan begins with the obvious fact that healthcare costs in the United States are rising rapidly despite intensive efforts beginning in the 1970s to control costs. National healthcare expenditures have risen from 5.9 percent of our gross national product (GNP) in 1965 to 11.2 percent in 1987. We already spend a higher percentage of our GNP on healthcare than any other industrialized nation, and without major reform, the percentage is expected to increase to 15 percent by the year 2000.

Three major factors that contribute to rising healthcare costs are cited. The first is the increase in the elderly population, the group that requires higher expenditures for healthcare than any other age group. The number of people over the age of 65 (approximately 30 million) is expected to double within the next 30 years. The fastest-growing age group consists of those over the age of 85, and that number could well triple over the same period. The second factor is the explosion of technological advances that have improved medical care and extended life. These technologies are expensive, and they often extend life at the cost of other complications and additional major expenses. Finally, there is the public demand that all individual needs for cure be met. The healthcare system that we have created thus seeks to conquer all disease and to prolong life at all cost. Callahan contends that this is a battle that we cannot win, but one that will consume funds without limits.

These three factors—an aging society, endless technological advances, public demand that all disease be cured—will continue to drive healthcare expenditures up, unless there are fundamental changes in our values and goals for our healthcare system. Callahan argues that there must be a shift in emphasis from curing to caring. He contends that



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everyone should have a minimally adequate level of caring, but people should not expect society to meet all individual needs for cure.

The great improvements in health worldwide have come about in three stages. The first, which took place from the 17th through the early 20th centuries, produced better nutrition, sanitation, and general living conditions. The second occurred during the late 19th to the mid 20th centuries, when we achieved the conquest of most infectious diseases through vaccinations and antibiotics. From the mid 20th century on, we have seen the major technological advances that have resulted in improved surgical

techniques, intensive care units, improved rehabilitation, and organ transplants.

Callahan believes that if society did nothing more than keep the conditions of the first two stages in good working order, it would ensure long and healthy lives for the majority of the population. But he contends that we can and should do more. He puts forward the following goals for our healthcare system:

“The primary goal of the healthcare system should be to provide those general measures of public health and basic medical care most likely to benefit the common health of the population as a whole, and to ensure that every person in the society receives care, comfort and support in the face of illness, aging, decline and death. The secondary goal of the system should be—within the limits of a reasonable level of healthcare expenditures in relationship to other societal needs—to pursue a basic understanding of the causes of illness and death, and to aspire to the cure of those illnesses that bring premature death and thwart common human aspirations.”

Whether you accept Callahan’s vision of a national healthcare system, it seems clear that we are moving toward a system that will provide a basic level of healthcare for all (universal coverage) with limitations on the amount of coverage for most Americans. Most likely, these limits will apply to many of the more expensive treatments or therapeutic modalities, especially those that cannot demonstrate clear, long-term beneficial outcomes.

Given this direction for our healthcare system, it is imperative that we review the priorities for committing limited funds for research and development. Clearly, we cannot afford to invest limited tax dollars in the development of treatment

programs or equipment which provide little or no additional benefit over existing techniques. The more difficult question is whether federal funds should be invested in R&D projects which may lead to treatments that are efficacious, but are also extremely costly—treatments which our healthcare system may not support.

Callahan says we should not. He believes that we should not develop new technologies for saving lives until we can meet the needs of those who have already survived and whose lives promise long suffering, whether physical or psychological. He proposes that a technology should be judged by its likelihood of enhancing a good balance between the extension and saving of life and the quality of life. It should foster the rounded well-being of persons, not simply one-dimensional improvements that benefit some aspect of individual well-being at the expense of others.

In his book, Callahan does not specifically address rehabilitation or rehabilitation research. I suspect, however, that he would strongly support research for rehabilitation because he states that “research priorities should be directed to improving the quality of life of those already burdened with illness or disability, rather than determining how to further extend life.” I also suspect that he would support costly programs to enable the lame to walk or the blind to see only after sufficient funds had been invested in R&D projects to improve the health and well-being of persons with disabilities and to enable them to participate fully in all of life’s activities. In any case, we must ensure that research funds are used wisely to support projects that have a high likelihood of success and which will result in outcomes that are cost-beneficial and consistent with national healthcare policies.

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