

BOOKS AND REVIEWS

THE HEALTH CARE COST EXPLOSION: WHICH WAY NOW?¹

Costs of providing health care are mounting at rates far exceeding the general inflationary trend in developed countries. In less than one generation health care expenditures have doubled *as a percentage of Gross National Product* in most of these countries, reaching already 8% and moving towards 10% in several. In the U.S.A., for example, this "health industry" topped one hundred billion dollars last year for the first time, thus becoming second only to the food industry, having overtaken defence spending several years ago.

Aging populations, increases in hospital workers' pay (substantial because often belated), the high costs of several new treatments such as L-dopa for Parkinsonism, as well as some progress in extending health care to more of the people who need it, are among the factors contributing to gigantic increases in spending.

Should more money be put into health care with increased prosperity, or should limits be set? Is the key issue not "how much", but "how effectively" available money is used?

Thirty-five leading health officials, researchers and professionals from most countries of Western Europe as well as North America were brought together by the research centre of the International Red Cross, the Henry Dunant Institute, to study this topical problem along inter-disciplinary lines at a Symposium in Geneva.² The Institute commissioned in advance nine research papers on precise aspects of the subject from internationally recognized authorities.

This well documented book, edited by the sociologist and health journalist David Alan Ehrlich, presents the results of the Symposium's

¹ Published for the Henry Dunant Institute by Hans Huber, Bern-Stuttgart-Vienna, 1975, 250 pages.

² See *International Review of the Red Cross*, No 165, December 1974, pp. 660-661.

work. Seventy figures and tables complement the text, and assemble a probably unique collection of illuminating data.

After a review of the broad economic perspectives, the book examines each of the three major cost components of health care: institutions, personnel, and medicines. This is followed by a section on "Consumerism". The final chapter is a synthesis by the Symposium Chairman, Sir George Godber.

The clear layout and the telling use of editorial subtitles, some of them amusing, give this book a readability not often found in scientific works with numerous contributors.

The book puts forward a convincing case that "more is not better" in this field. Above a certain level, already attained in most of the countries considered, additional expenditures produce diminishing returns. The healthiness of the population dismally fails to improve in proportion to more spending on care. Why? Because, among other reasons, additional resources tend not to go where they are most needed, for instance to poor areas with chronic problems. They go instead to people who can afford to pay for them, and where there is a professional excitement in doing something new.

Which way now? Are there opportunities for health services to give better value for money? Apparently there are such opportunities; but they are elusive. Hospitalisation is frequently unnecessary for medical reasons but nevertheless takes almost half of all national health expenditures. It could be reduced dramatically by more reliance on home care.

However, European sociologists find that families are not as willing as they were to care for their own sick. Thus it is throughout society and not only among health policy makers and professionals that attitudes would need to change. Major savings, liberating resources for the unserved still in need, could be achieved if individuals accepted more personal responsibility for their own health, with all this implies for contemporary life styles. The problem of costs, now critical in several countries, is thus associated with larger questions.

Conscious allocation of resources, both money and personnel, to where they are most needed finds many advocates. Allocation, they argue, is inevitable, therefore it had better be conscious, rather than left to chance or to "technological dictatorship". Better organized community care is the most promising way of getting better value for the money people pay. And people *do* pay, whether in advance by taxes or insurance, or at the time of service by fees, depending on a country's system. Systems reviewed range from the entrepreneurial

and fragmented to the tidily hierarchical with "zero price" to the patient.

"We can no longer let virtuoso medicine impress us", writes Dr. Eric Martin, President of the ICRC, in a preface. "Young hospital doctors should be taught to use available resources rationally and economically and to treat with due reflection; at present most of them have little idea of this essential part of their job... The training given medical students still pays scant attention to these requirements and undesired consequences of scientific progress... The spirit prevailing in medical faculties will have to be changed and their curriculum given a new slant".

B.E.

Thoughts on a New Approach to Public Health Nursing, *International Nursing Review, Geneva, Issue 201, 1975.*

What will our future society be like? What will be the place of man in this society, in which the rhythm of change will accelerate? Shall we let ourselves be overtaken by the mounting tide of technology without being conscious of the profound currents it creates? Must we ask ourselves how nursing is concerned with all this? If nursing has some specific contribution to make to human life, how can nursing ignore the changes taking place economically, socially and culturally? How can nursing not benefit from the contribution of biological and human knowledge in order to respond better to its *raison d'être*: to help to live, by discerning all the capacities of life and of human development which constitute the most precious wealth of every man, and in contributing to help him to utilize it to the utmost? But is it so much about nursing that we should ask questions, or about ourselves, who provide nursing care? Doesn't nursing depend on our conceptions and our beliefs about life, in this total of dynamic capacities which represents health?

Examining a new approach to public health nursing and the quality of the care provided can only lead to an evaluation of how nurses are educated. Does this education consist mainly of learning to apply some knowledge or to utilize some ability, or does this education lead the nurse to explore and to utilize concrete situations as they appear in life, to identify needs, resources and problems, to formulate hypotheses, to seek suitable solutions, to evaluate the proposed nursing intervention and to acquire significant knowledge from real-life experiences?