

Preface

Health-care delivery in the United States has undergone revolutionary changes in the past quarter century, characterized by explosive expansions of information, specialization, sophisticated facilities, and costs. Like most other aspects of modern society health-care delivery systems are confronted by serious problems directly resulting from extraordinary technological successes and overabundance. It is no longer possible to seek the answers to current health problems by directing attention only to the health professions and their facilities. As societies have become more complicated and interactive, emerging problems have become so complex that their solutions demand mobilization and convergence of many different areas of knowledge and competence. For this reason it is increasingly important to take a long look with a wide perspective in assessing alternative solutions for our major problems. This book is designed to identify the major problems of health, to define the most pressing requirements and issues, and to consider viable mechanisms for achieving their solutions.

The nature and extent of the most serious problems of health-care delivery are well established and widely recognized. They have resulted from long traditions and evolutionary changes and include such factors as soaring costs, unavailability of care at particular times and places, complicated access to the system, large segments of the population lacking care, and maldistribution of health personnel and facilities. Confronting each of these problem areas are clearly visible obstacles to various remedies, so that the “next steps” are usually far from obvious. These uncertainties are compounded by the accelerating rates of change in almost all segments of society.

The current health-care system evolved with little or no long-range planning or direction. Our main hope for the future lies in our ability to understand our history, assess our current status, and undertake realistic long-range planning that will yield the highest probability for attaining livable or attractive futures. Since we lack historical precedents for these procedures, our learning and accomplishment must be simultaneous. This book is not designed to provide a blueprint, a pathway, or even a set of

specific suggestions. Instead it is designed to demonstrate mechanisms by which problem areas can be more clearly recognized, the principal issues identified, and possible options evaluated in terms of advantages, disadvantages, and consequences. The proposed mechanisms take into account the close functional relationships between health-care delivery and other societal disciplines, such as economics, sociology, politics, education, communications, and ethics, and their specific priorities. In order that interested people in all these various walks of life may appreciate their own relationship to the problem a conscious effort has been made to avoid medical or technical jargon and to support the most fundamental concepts with schematic illustrations intended to convey their meaning at a glance. If these mechanisms provide a common point of discussion or departure for public-spirited people from the many disciplines involved in seeking attractive alternatives for bettering the national health, the effort will have been well rewarded.

Long-range planning for health has been almost completely neglected in preparations for the coming plunge into some form of nationwide insurance coverage. In Chapter 1 are presented some of the current trends in futures research and their limited application to the projection of future developments in health technology. A more promising approach is the "creation of desirable futures" attained by converting current objections into future objectives (Chapter 2). A wide variety of optional approaches to attain these goals can then be developed and assessed. If these desirable options are kept in mind, it should be possible to make subsequent decisions, policies, and legislation that can facilitate realization and rationalization of the most attractive alternatives. The assessment of alternative futures for health care demands consideration of the total health-care delivery mechanism as an interacting system. The nature and extent of responsibility for different types and severities of ailments must be defined by categories that can, in turn, be delegated to the public, to the medical sector, and to society as a whole. This process will clearly indicate the discrepancies between current capabilities and future needs.

Chapter 3 is devoted to cost/benefit relationships, which assume increasing importance whenever available resources become so strained that priorities must be established. Health professionals have not heretofore been required to defend or justify the costs of their services since

health and life have always been held to be above any monetary value. This view is not tenable whenever some people are being deprived of health care for lack of available personnel, facilities, and services. Some possible methods of relating costs to the benefits of health care are proposed to illustrate the feasibility of applying this sort of analysis. The concept of the value added by patient contact with health professionals is also considered in terms of various levels of therapeutic effectiveness.

Present and prospective priorities are discussed in Chapter 4 to illustrate that a preponderance of available health resources are focused on a few "favored" categories of illness. Current preoccupation centers on the great killers, such as heart disease, stroke, cancer, and kidney failure, which are found predominantly among older age groups whose productive life expectancy can be extended only to a limited degree. The high technologies developed for these conditions are currently benefiting a relatively small proportion of the populace at enormous cost to the whole nation. Meanwhile the most prevalent causes of death, disability, and malfunction among the young and productive segments of society are being neglected to a tragic degree. Accidents, injuries, and violence, which are the prime threats to people younger than thirty years of age, are not being effectively managed because of nationwide deficiencies in our emergency systems. Priorities are discussed for different age groups, geographical locations, and racial groups, as well as for the mentally ill, senior citizens, and those facing impending death.

Chapters 5 and 6 present the major requirements for personnel, facilities, and organizational relationships for future health-care systems along with a large selection of attractive options for approaching or attaining these objectives.

The present and future importance of ambulatory and home-based care of the sick and handicapped is discussed at some length in Chapter 7. Potential mechanisms for developing not only substitutes for, but improved versions of, the traditional family physician are presented that would more fully utilize our highly developed communications and transportation systems.

Chapter 8 sets forth the concept that citizens must assume a greater degree of responsibility for their own health. More effective utilization of our communications systems should make it possible for many or most

citizens to be much more fully informed concerning how to manage a larger selection of their ailments. A long-range objective could be to have a greatly increased segment of the population actively participating in both decisions about and management of individual illnesses with the aid and guidance of a wide variety of health professionals and paraprofessionals. The many attractive options are presented as a list of alternatives from which desirable futures can be forged, rather than as specific suggestions concerning what can and should be done.