

From the Editor

Rationing in the NHS

Sixtieth birthdays are a time of celebration and there is much to celebrate since the inception of the NHS. Primary and secondary care services, available across the country for the most part free at the point of receipt, are still extraordinary and admired worldwide. This is particularly impressive when set against the increasing number, complexity and expense of available medical and surgical treatments. The astonishing developments in each specialty are well described in our ongoing series 'Career lifetime advances and current key developments'. Each contributor describes the changes which have occurred over an individual consultant's career lifetime, a span of some 30 years.

The expectations for patients and their families of what can and what should be done have risen even more rapidly. This growing expectation is compounded by the increasing proportion of older patients in the population where the needs and costs of treatment and care are greatest. It is tempting to assume that there must be a different funding model that could deliver a given quality of healthcare at a lower cost to the economy. But even a search by hard-headed financial experts concludes that alternative systems are likely to prove more costly.¹

In other aspects of life, most individuals achieve a reasonable balance between expectation, hopes and available income. Housing, eating out, motoring and holidays all have to be matched to available funds and this finite limit on expenditure is accepted and well recognised.

Healthcare, however, is still in an entirely different category where the balance between income and expenditure seems to rest with health service managers rather than consumers. Public awareness of the dilemma centres on the introduction of new drugs. For example an objective analysis of expensive new cancer drugs

(costing around £30,000 per year's treatment) by the National Institute for Health and Clinical Excellence concluded that the drugs did not improve the quality of life to a degree to justify the expenditure. This approach is rational and scientifically sound when resources are finite. Emotions and feelings, however, are different and heartrending stories are all too easy to find and report. Commonly this involves, for example, the young parent with extensive malignant disease where each additional day or week watching their children grow up is precious and beyond price. Such reports can readily undermine the basis for rational decision making.

Is progress in this challenging area possible? There are some encouraging signs. Many individuals now feel that too much is attempted in medical care towards the end of life. Living wills to guide and limit medical treatment are becoming commonplace. These personal views also incorporate the concept of resolving the dilemma of limitless demand with finite resources. The slow, persistent but effective work to reduce smoking is most encouraging in demonstrating that deeply embedded attitudes can and do change. The same slow but positive journey has now started in an attempt to moderate alcohol intake.

Another long campaign is needed to encourage the rational use of finite resources which could be led by the medical profession but which would need to be a real partnership with future patients, the general public. Effective solutions may not mature until the centenary celebrations of the NHS but could prove as valuable in the long term as the introduction of the service itself.

Harveian Oration 2008

The Harveian Oration delivered by Professor Sir Michael Rawlins at the Royal College of Physicians

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EDITORIALS

on Thursday 16 October is particularly important and relevant to current discussion concerning the funding of drugs for the treatment of advanced cancer. The Oration considers the scientific evidence as the basis for decisions concerning therapeutic interventions. A shortened version of the Oration, prepared by the author, is published in this issue of the journal (579–88). It deserves a wide audience as a positive contribution to the debate.

Reference

- 1 Wanless D. *Securing our future health: taking a long-term view*. London: HM Treasury, 2001.

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