Cost Versus Benefit in Cancer Care

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Edited by

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Preface

Public discussion has always been cautious on the conditions under which physicians should limit active treatment in advanced disease of all types. Some are afraid that such discussion might undermine public confidence in the profession. However, it is time that physicians shared the responsibility for solving the new ethical dilemmas that have resulted from the spiralling growth of high technology in the last 25 years. These problems are well exemplified in the management of cancer patients.

Although curative measures are only rarely available for the vast majority of patients with advanced solid cancers, there are numerous new agents for investigation, treatment and life support. Such advances in technology are trumpeted in the media and lead to high expectations from the public. Again, peer pressure and sometimes fear of litigation (particularly in the USA) may lead the physician to overinvestigate or overtreat the late cancer patient. The first aim of this book therefore is to examine the benefit from such management relative to the price paid by the patient in terms of diminished quality of life.

The second aim is to examine the benefits of innovative cancer treatments in terms of their cost to society. In the past, physicians have always rationed their time because of the pressures of work. It has now become mandatory to ration the rapidly increasing, expensive high technology which is available. It is obvious that the cost of a cancer treatment should not dictate whether to treat, and in some cases it is right to treat whatever the cost. But the resources of even the most prosperous Western society are limited.

The increasingly aged population, increasing public expectations and proliferation of highly expensive technology with built-in obsolescence, makes it increasingly expensive to provide everything possible to delay death in the late cancer patient — even if this were desirable in all cases. Government funding of the health services faces a crisis both in Europe and the USA.

In order to focus the inquiry, this book examines the economic and social causes of differences in cancer management between the USA and the UK, and their effect on the quality of life (and quality of death) of the cancer patient. I do not expect that all my colleagues will agree with my conclusion that guidelines are urgently needed for physicians in the treatment of advanced cancer, and that a consensus is required between the two sides of the Atlantic. The book is directed not only at health professionals involved in the clinical care of cancer patients, but also at health economists, sociologists, and all those concerned with medical ethics and the rights of the individual. In fact, the public at large.

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B. A. S.