

Editorial

The megacare dilemma

Megacare is a word which this Journal – or some other more august institution – should have become accustomed to using long ago. It is a convenient and very necessary label for the process of providing health care – or, for that matter, any other kind of care, *en masse*. It is applicable to the health policy of countries and regions, the ethics of entire professions, the challenges of managing institutions and the ambitions of ever more commercial undertakings to play a role in maintaining and advancing our wellbeing. There is some merit of putting all these tasks into a single basket and viewing them together, because they have some important traits in common. In each instance, the individual approach and the community approach have to complement one another if standards are to be guaranteed; failure of the one undermines the other. In each instance, too, there is a distinct risk that the two will grow apart. In particular, the risk is emerging that the larger the scale on which megacare is exercised the more it will lose contact with the interests of the individual.

Where *countries and regions* are concerned, the European Union represents the most ambitious of all experiments in population care. During the nineties, health legislation at the Community level has vastly outrun the ambitions which were formulated a decade before. Health professionals, as well as health products and services, already circulate more or less freely between fifteen countries with some widely different traditions. To its credit, that process has enabled some national and local gaps to be filled and weaknesses eliminated. On the other hand, it has not done a great deal to relieve the hand-to-mouth provision of care in some of the regions most in need of support; it takes a great deal to induce a comfortably placed urban physician in western central Europe to move to the Scandinavian arctic, and it takes as much effort to ensure that – if he does make the move – he will be capable of providing care in a manner which an arctic patient will accept and trust. The free movement of products can actually run contrary to the individual interest, notably when it is accompanied by a migration of commercial pressures to which the patient or his carer are not accustomed. Above all, a body such as the European Union is still tied closely to its original aims of creating a common market and promoting economic growth, with social objectives very much out in the wings.

In *institutions* we are increasingly beset by some of the less attractive consequences of a political swing to the right. Central governments have sought to relieve the tax load and in doing so to shift institutional care – including that for the elderly and the chronically ill – into the private sector. That approach can work and ensure adequate standards, but only once the community has been fully adapted to it, for example, in terms of extensive private insurance systems. So long as that has not been attained, the newspapers in countries with a long social democratic tradition will be filled with tales of woe from overstretched hospitals and under-equipped nursing homes. Within the institutions there are also however other problems with megacare, especially where experienced staff drift away into more profitable employment, and posts are increasingly filled with people who have neither the training nor the motivation for the task. Financially, as goods have become cheaper and staff more expensive, it is all too tempting to drug (or

discharge) a problematical patient than to provide physiotherapy, counselling or plain sympathy. Where the days are filled with such problems it is understandable that institutions become more obsessed with the problem of maintaining even basic care than with the human quality of the services provided.

In the meantime, *commercial undertakings* occupy an ever greater and broader place in the health care arena. Firms which once saw it as their task to purify water, fabricate chemicals, make incandescent lamps or even provide banking services on the High Street – all very virtuous activities, suddenly present themselves on the TV screen under new and poetic names as universal care institutions, devoted to creating a better world. They operate diagnostic laboratories, insure us against physical misfortune, dictate to a great extent the flow of health information and increasingly manage – visibly or otherwise – clinical care. Their professed objectives are as noble as their public relations are refined. It is only when one has some insight into the manner in which multinationals have operated in practice that one begins to get a more realistic view of what sort of conscience a very large company possesses. There are plenty of circumstances in which the financial bottom line proves to be the only real determinant of behaviour. There is nothing wrong or unexpected about that, but one might as well be clear about it from the start and not regard any commercially-based institution as being interested in philanthropy or primarily concerned with the public health and welfare.

In all these fields – political, institutional or commercial – there is a considerable risk that when various elements relevant to health care compete, issues considerations of safety and intolerance will the first to give way. They are after all amorphous and elastic, and human beings tolerate a great deal of misuse and indifference quietly and even forgivingly. It is in any case commonly difficult for a patient to know what degree of safety can be attained and thus to recognize those situations in which he or she could and should easily have been treated more understandingly. In those instances where protest does arise, it is readily smoothed away with quiet apologies and promises. Of the matters which reach the lawyers (for example, where a pharmaceutical company or a medical device maker has failed to provide adequate quality of clear warnings or an old people's home has allowed a resident to die unnecessarily) very many are settled out of court with an avoidance of publicity. Overall, it can be considerably cheaper and simpler for an institution to slip out of an uncomfortable situation in this way than to invest in real basic improvement.

At all these levels and in all these situations there are mechanisms in place which should function to maintain proper safety standards, but they are often weak. Hospital ethics committees exist to assess the acceptability of experimental medical techniques; but they do not exist in every institution and where they do they rarely have sufficient technical knowledge relative to a proposed study to assess it adequately and restrain an insufficiently cautious investigator. Within large companies it is all too easy for responsibility to be seen as lying with the next fellow; some companies have ethical codes but it is most unusual for them to have teeth – as a rule they seem to function primarily as instruments of public relations. Politicians come and go and have more spectacular topics for their orations than safety in health care. At all these levels of decision making, a watchful newspaper press can do much good in pressing for action and bringing to the fore instances of inadequate care; it was a series of spectacular exposures regarding anaesthetic deaths which did much to promote the devising of limits on multi-table procedures; but in the most emphatic mass media, such as the tabloids, such stories are often come and gone in a day, and there may be no follow-up at all.

If one can identify one common problem in all these situations where megacare is endangered, it is the distance which increasingly exists between the decision maker and the individual patient. National politicians become increasingly dependent on decisions essential taken by broad continental alliances or even global institutions such as the International Monetary Fund. Within a particular institution the doctor and the nurse may very well care as much as they ever did, but they are dependent for their

resources on management, on a Board of Governors, and often upon a municipal funding committee and even on national and regional subsidies provided by faceless commissions far away. In multinational companies resulting from mega-mergers, the distance to the consumer is infinitely greater; a firm which has a turnover greater than that of many a gross national product soon comes to regard regulators, the public, the media and even its own staff as objects to be manipulated and persuaded.

In the long run, society tends to oscillate between extremes. As of the late nineties most of the world appears to be pulling away from discredited bureaucracy and rushing excitedly in the direction of mass operation and privatization on every front. It could be a generation or more before the pendulum begins to swing back towards a more balanced situation. The present trend can all too easily lead to the financial and political collapse of social-democratic systems in which the provision of high quality care counts for more than the financial bottom line. That could even happen at the very moment when the most incorrigibly free-market nation of all – the United States – is realizing increasingly that it must move some way in the opposite direction and provide more than threadbare and sporadic care for millions of its poorest subjects.

It is very unlikely that any single event will suffice to prevent a serious imbalance arising, but a series of factors could play a role. The health professions themselves, if they can resist the temptations of personal enrichment, can agitate; the institution of the “ombudsman” can ensure that individual instances of inadequate care are both rectified and serve as inspiration to improvement. It is conceivable that a new role might be devised for charitable institutions, in which they can rely on some sort of obligatory funding by big business rather than by individuals. Whatever the correctives, they must begin to develop now. There is still sufficient diversity in the world for the best elements in health care in every society to be identified, their future assured, and their example followed elsewhere.