Family Practice in an Era of Limits

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There is increasing evidence that the demands for health-care services in the United States are rapidly approaching, and even exceeding, our capability to respond effectively. The annual expenditures for health care have almost quintupled during the last 15 years.[1] Americans now spend 7.7 percent of the gross national product (GNP) on health care.[2] This figure is already higher than in many countries of the world, and it is unlikely that substantially more resources can, or should, be allocated to this part of our economy. There is now growing awareness that available resources for health care are finite and that public needs and expectations must be rationalized and prioritized within real limits.

In a thoughtful article addressing this issue, Hiatt has identified three kinds of demands for health-care services which warrant particular concern: (1) those which pose conflicts between the interests of the individual and those of society; (2) those of no value or of undetermined value; and (3) those for potentially preventable conditions.[3] For each of these kinds of demands specific examples further clarify the point. In the first category, for example, there is a potentially massive cost of widespread application of coronary artery bypass operations for increasing numbers of patients with coronary artery disease. In the second category, there is the continued widespread use of oral hypoglycemic agents, the indications for which are being sharply limited as a result of recent studies. In the third category, an increase in frequency of poliomyelitis has been described as prophylactic efforts have lagged.

Despite the rapid increase in expenditures for health care in recent years, real benefits are not readily apparent. The outcome of most illnesses has not been materially improved. A significant proportion of diagnostic procedures fail to meet the two criteria of leading to a specific therapy and to a benefit from that therapy. Drugs are widely overused and drug toxicities account for approximately five percent of hospitalizations. Many hospitalizations are medically unnecessary and many surgical procedures which are performed lack solid indications.[1]

It takes little reflection to recognize the major responsibilities of family practice in the context of diminishing resources and increasing demands. As the single largest group of physicians providing primary care services, general/family physicians are involved in over 50 percent of all doctor-patient encounters each year. They are responsible for a large proportion of health expenditures for screening and diagnostic procedures, drug prescriptions, hospitalizations, and convalescent and other health services.

Particular scrutiny should be directed to the cost-benefits of screening and diagnostic procedures, outcomes of therapy for common conditions in everyday practice, preventive health care, and patient education. Family practice must therefore play a major role in the needed study, reassessment, and revision of wasteful and ineffective approaches to health care. When patients are referred for consultation, family physicians must participate in ongoing decisions related to costly care, serving in an advocate role for the patient and helping to individualize specialized care to the needs of the family. Family physicians can help to facilitate the mobilization of available resources within the family in the follow-up of acute illness and long-term care of chronic illness. Residency programs in family practice must give greater emphasis to the broader issues and problems of our changing health-care system, ethical considerations in patient care, and the cost-benefits of present and future medical practices. An increased emphasis on clinical research in family practice must particularly focus on outcomes of care for the wide spectrum of conditions seen in the everyday practice of the family physician.

Hiatt has challenged the medical profession to "join with educators and others to find ways to encourage the general public to understand more about not only their bodies, but also the limitations and uncertainties of medical care, so that society's decision-making can be as fully informed as possible."[3] Family practice must share fully in this process and continue to stress the importance of continuity of comprehensive care. As available health-care dollars become more limited in relation to the demands for services, our challenge will be to improve the quality and effectiveness of health care on a more rational basis than we have demonstrated to date.

From the vantage point of broad experience in both clinical medicine and government, Roy makes this important point:

> In health care, as in all areas of national endeavors, we cannot do everything for everyone everywhere, and therefore we are now determining, and must in the future in some way determine, what we are going to do where and for whom.[4]

The inevitable process which will follow from this statement will forge new directions in health care and will challenge all physicians to continue to meet the best interests of their patients in an era of limits.

References

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