Postcode or national (world) governance, and the art of medicine

Over lunch, a colleague of mine complained bitterly about the fact that his health authority refused taxanes for the treatment of his patients, but a neighbouring one made it available for the management of breast cancer. A friend, whose mother lives locally but whose mother-in-law lives some distance away, told me that his mother had had a hip replacement within a few months of developing symptoms remarkably similar to those that his mother-in-law had had for years. His mother-in-law had yet to be accepted for surgery.

Empathising with the frustration of my friend and of my colleague, I mentioned this to Charles, saying:

‘Of course, NICE has now decided in favour of taxanes. Don’t you think that highlights management by postcode as ridiculous?’

‘No,’ he said. Seeing that I was taken aback, he added, ‘You can’t have it both ways.’

‘What do you mean?’

‘Do you believe that there should be local decision making in how your patients are managed?’

‘Yes, I think that’s important.’

He replied, ‘If you, the local services, get the same amount of money, and you make up your own minds about how to treat people, you will differ from other local services. There has to be some boundary between your patients and theirs, otherwise they would move from place to place to get treatment where the health authority was most sympathetic to their problems.’

‘This could be overcome by full and proper allocation between different authorities.’

‘That’s a red herring. Resources are limited, so every effort must be made to get the right distribution.’

‘That will never be done.’

‘Perhaps,’ he replied, ‘but, as I said, every effort must be made. There is a clear distinction between the difficult and the impossible. Allowances for morbidity and deprivation should be reviewed continually and adjusted until a consensus is achieved approximating to the desired goal – a just distribution of resources.’

‘If only we could do that, things would be much better.’

‘Not necessarily so,’ he replied, ‘as the insoluble problem would remain. Once you allow local discretion, differences are inevitable. In the example with which we started, the local health authority was clearly relatively more sympathetic to those with hip pain than to those with breast cancer, or less impressed with the benefit of taxanes. These differences are inevitable if there is local control of spending. So, if you believe that is a good thing, you should welcome rather than complain about differences in management depending on postcode.’

‘But there are clear injustices,’ I replied.

‘That’s true if all British tax payers should be treated equally, but it follows that this can only be achieved by binding central prescription with no room for local discretion – a just but cumbersome system, I suspect.’

‘Yes, moreover it would discourage innovation, both local incremental improvements which nowadays are gradually adopted elsewhere, and the occasional brilliant idea.’ I added, ‘Can’t there be a compromise?’

‘Possibly,’ he said. ‘Expensive but infrequent treatments might be controlled centrally and common treatments, particularly the “repair” services for the elderly, determined locally. However, the choice between taxanes and, say, interferon is now shifted to the centre. Press comment often implies everyone would get both, but, quite the contrary, some treatments will be allowed and others banned.

‘So, although taxanes are now allowed, a ban on interferon might have to be accepted by all,’ I said. ‘But what about local differences that remain?’

‘I repeat, they should be welcomed. If you can get your eyes done more easily in one locality than your hips and vice versa, it shows the system is working. However, with improved communications, particularly the Internet, I am sure this will become increasingly unacceptable and there will be a drift towards central control. Logic demands that over the next century national boundaries within the EU, and progressively international boundaries, will be seen as irrelevant. The ultimate solution may be a world NICE, or double I-CE.’

‘Wouldn’t that freeze all innovation?’

He thought a moment. ‘My first reaction is “Yes”, but on reflection I think the power of the enquiring human spirit and the independence of the Internet would prevent that happening.’

‘And the art of medicine?’

‘Yes, despite my cynicism, I profoundly believe in that. Individuals do get benefit from individual attention, dependent on empathy and experience as much as a committee’s guidelines. Some doctors, often idiosyncratic, are better healers than others, but it will become increasingly difficult to convince lawyers, NICE, and dare I suggest your College, of that in the future.’

I wonder how many of us will still believe in the art of medicine at the end of the 21st century.

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