

Challenges in future health care

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Challenges in future health care – values, results and risks.

Norway is about to conclude on new legislation in health care. The financial reforms are also shifting. But there is still need for more. One important focus point is the concept of values. We say in general that values are quite stable and do not change. But the social context, including medical technology, changes rapidly. The unstable social context may easily gain a too big impact on the health politics.

The editor of BMJ Richard Smith referred to professor David Morrell when suggesting the following set of core values in medical work (BMJ 1994;309:1247-48):

- confidence (concerning patient/health care system)
- confidentiality (concerning patients)
- contract
- competence
- community responsibility
- commitment (people choosing to work in the health care service with and for people; not to neglect in the system).

In 1997 suggestions were made to the Norwegian ministry for the following criteria for prioritizing in the health sector:

- seriousness of disease
- expected benefit of treatment
- efficiency of treatment

But the query arises how about the social factors? How can health services be used to gain equity in society e.g.?

The concept of results should be seen in connection with the concept of values. It might be done by using a chain model for describing inputs and outcomes. It has to do with objectives adjusted to resources and constructing processes, resulting in production and effects, used as a different way of measuring outcome. But we should look a bit more at the effectiveness (that is effect compared to input), not only production (amount of services produced) as a measure of output. When effect is related to objectives it results in quality (per definition!) and when effect is coupled to resources it results in effectiveness. One should try in this process to find indicators that are valid not only for measuring effect in economic terms, but also in medical and social terms.

Another item is the conceptual problems:

- outputs measured in monetary terms or 'health': we prefer the health form.
- another problem is time adjustment: how to adjust for benefits in future, waiting for effects to come.

- what about effects: are they individual or social, what is good for me is not always good for society!
- evidence based medicine/complementary medicine: how do we handle this phenomenon?
- efficacy has to do with scientific effects of evidence based thinking; effectiveness may include opinions on what patients think is the best way of doing it; we have to consider this.

When talking about the concept of risk in the theoretical approach we can use the term fateful moments as suggested by Anthony Giddens in his book *Modernity and self-identity*. It is essential, for individuals and also for communities, to know when and where the risky moments occur. Think about events in the community. When is the time for changing, for intervening? You have to know when to act. It is wise for community as a group and for each individual to make exercises on identifying risks to know better when to set in the efforts. Collective risk has huge effects on the society.

There also is a smoother side of risks, not easily described in quantitative terms. It has to do with values. There are a lot of situations when the risk is mathematically small. But the risk is totally unacceptable for individuals or the community.

From the set of the professional challenges we may take three examples on using the above concepts:

- biotechnology - limits of human life: what are the consequences when actions have other motivations (social aspect), not easily expressed in terms of risks (e.g. abortion to reduce risk for giving birth to a child with Downs syndrome). The value of life may pose the solution.
- practical implementation of new knowledge: we tend to do what we have always have done. Where is the thinking about measuring and comparing results?
- costs of new technology: there can be an exponential growth concerning clinical interest - when more resources are needed, the higher the interest from the professionals it sometimes may seem. In daily type of diseases the more resources you use the less clinical effect you get ("the law of the diminishing returns"!)

The process of democracy has the aim to gain justice. In our society, we have the freedom to choose. And when we choose the freedom we will make differences to greater or less degree. How our society can cope with large differences will be an essential question, also for providers and supervising institutions in the health sector. Conflicts related to allocation of resources must be solved with respect for the vulnerability of every individual. In some way we have to bear in mind who are most vulnerable and in what stages of life. Not only groups of people are vulnerable, but everyone as an individual has a potential for being vulnerable when speaking about health.

In the need for local processes, it is important that in every level in the health sector continuous value-based decisions are made. There is a clear need for explicit leadership so that value results and risks are evaluated for the health care system. But don't we still lack good methods for "supervising" values in health care?

Appendix

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3rd and 4th June, 1999, Stavanger, Norway

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