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EDITORIAL

Health Care: More Access and More Cures

A funny thing happened on the way to better health care: increases in research got left out of the picture. The leaked portions of the Clinton health plan contain no new moneys for research and the new budget advocated for the National Institutes of Health (NIH) does not compensate for inflation.

As pointed out by Eleanor Chelimsky in our issue of 22 October 1993, the health care plan emphasizes "cost and access" but has inadequate provisions for quality, and Michael E. DeBakey, in another Policy Forum in the same issue, notes that the new health policy could seriously hurt university medical schools. They are the initial appliers of countless new techniques such as sonar to prenatal diagnoses, arterial substitutes for diseased arteries, magnetic resonance imagery, and microsurgery.

Health care costs are high, and clearly there is a need to address the access problem in terms of making services more available. Taking a medical system that is certainly one of the best in the world to those who can afford it and extending it to those who cannot afford it is something we should do but we should try not to wreck the system in the process. The poor citizens of the land who are given penicillin pills or vaccines are more likely to survive than the wealthiest royalty in the land of yesteryear who fell, defenseless, before scourges of pneumonia, bubonic plague, poliomyelitis, and small pox. If lowering the costs of existing treatments but not improving cures and vaccines for new scourges had been applied in the past, we might be subsidizing the oil to maintain iron lungs or creating incubators to produce cheaper leeches. Providing better access to the discoveries that have been made and prevention by immunization are excellent features of the health plan, but new medicines are likely to be as cost-effective as subsidized hospital stays. The better access is good but more research should be a more visible component.

There is probably no agency of government that has a finer record of accomplishment than NIH, which congresses and administrations in the past have supported handsomely. Theirs is a record to which they can today point with pride. Life expectancy in the United States has gone steadily up from 34 years in 1878 to 67 years in 1953 to 76 years in 1991 and many of the scourges, including those mentioned above, are no longer even discussed as major factors in illnesses today. The NIH did not solve all of the health hazards of modern society alone, since discoveries have come from all over the world and from private foundations as well as public support, but it is certainly the largest and most successful funder of basic research anywhere in the world.

In the 1980s and 1990s NIH researchers, intramural and extramural, performed the first trial of gene therapy in humans, proved the effectiveness of methotrexate for treating rheumatoid arthritis, developed new methods for growing skin to repair burns, showed that control of glucose levels slows progression of diabetes, showed effectiveness of cholesterol reduction in the prevention of heart disease, demonstrated an effective treatment for spinal cord injury, found a new drug for Parkinson's disease, showed that aspirin and coumarin lower the risk of stroke, developed methods of hypertension control that have reduced heart attacks and strokes by more than 50 percent, and so on for many other discoveries. What did a congressional aide mean when he asked, "What have they done lately?" These followed many earlier discoveries, including the polio vaccine, the measles vaccine, hormone replacement therapy, fluoride to prevent tooth decay, to name a few. We are living longer, we are living with less pain, we are living with less cost to alleviate health deficiencies than any previous generation because of the findings of health researchers. A program to lower health costs is certainly desirable, but lowering health costs at the expense of future new cures and preventions is shortsightedness of the extreme sort.

In the not-so-distant past, smallpox epidemics killed 25 percent of the inhabitants of towns that were invaded by the virus. Today we are storing the last traces of the virus because that dread disease has been eradicated from the Earth. The NIH is eager to carry on the tradition of the great healers of the past and to conquer the remaining unsolved hazards; that is, cancer, mental illness, drug-resistant strains of bacteria, autoimmune diseases, and hereditary disorders. The NIH is not perfect, but it has the courage to evaluate itself and is uninterested in resting on the laurels of past successes, even those of the 1990s. Improved health care for all should be based on the twin pillars of new cures and better access to those cures.

Daniel E. Koshland Jr.