

Unsustainable medicine

By [David Heim](#)

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It's routine, as you get out your credit card in the supermarket checkout line, to be asked to donate a few dollars to medical research. It's an easy way to contribute--and who wouldn't want to help conquer breast cancer or prostate cancer?

But Daniel Callahan and Sherwin Nuland, [writing in the *New Republic*](#), contend that

enlisting Americans in the war against disease conveys a dangerously unrealistic picture of contemporary medicine. Over the past generation, they say, very little progress has been made toward finding a cure for the major lethal diseases, such as cancer, heart disease and stroke. "Our main achievements today consist of devising ways to marginally extend the lives of the very sick." (The Hastings Center offers a [summary](#) of the article.)

This extension of life can be a blessing, of course--but overall it is a huge burden, financial and human. "The struggle against disease has begun to look like the trench warfare of World War I: little real progress in taking enemy territory but enormous economic and human cost in trying to do so." The war against disease, they write, has created a medical system "that is barely affordable now and forbiddingly unaffordable in the long run." (See the *Century* [editorial](#) on health-care costs and the federal budget.)

What to do? Callahan and Nuland recommend nothing short of a revolution in thinking about and practicing medicine.

Their revolution would entail: improving public health and primary care medicine while reducing the use of high-tech care at the end of life, training physicians to tell patients about how aggressive medicine enhances the likelihood of a poor death, and shifting the emphasis in treatment of chronic disease to care

rather than cure.

Rather than waging a war on death, Callahan and Nuland say, medicine should aim to bring everyone's life expectancy up to age 80. Perhaps most radical of all: they say the health system should give first priority to children, second priority to those in their adult years, and lowest priority to those over 80. (Callahan and Nuland, it should be noted, are both 80.)

Contemplating this kind of medical system is mind-boggling--not to mention trying to fashion such a system out of the current one. But is there any doubt that such a system would be more humane and sustainable than what we have now?