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Medical Cost

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Advances in biomedical sciences and medical technology over the last several decades have dramatically improved diagnosis, management and clinical outcomes in patients with cardiovascular diseases. Cardiologists, however, should not forget that, despite the great improvements in medicine and progress in medical technology, therapy is mostly palliative and not curative.

Application of contemporary technology with non-curative therapy is associated with high medical cost. High medical cost is of great concern for all health providers, insurance companies, departments of health and other organizations. I would like to emphasize the following three points regarding high medical cost.

First, as a general rule, three temporal phases related to medical cost can be defined for each disease. During the first phase there is no therapy and the cost is usually low. During the second phase, modern technology of the time is used but therapy is not curative and the cost is very high. During the third phase, curative therapy is available and the cost becomes low. One of the typical examples is poliomyelitis, where the medical cost was extremely high when artificial lungs and long hospital stays were used in paralyzed patients. The invention of the polio vaccine resulted in a dramatic decrease in the medical cost. Most of the cardiovascular diseases today are in the second phase, where high technology with high cost, but no curative therapy, is provided.

Second, the concern of high medical cost is not a new one but goes back to antiquity. "There was a

woman who had suffered terribly from severe bleeding for twelve years, even though she had been treated by many doctors. She had spent all her money ...", Mark 5, 25-26.

Third, the estimation of medical cost should not be based on how much one hospitalization is going to cost a patient, but on the total health care cost for the patient's entire life. Diagnostic studies for complete and accurate assessment of the disease (etiology, anatomy, pathophysiology) will most likely be costly. Likewise, management will be expensive, especially if it requires surgical intervention. This is a superficial way of thinking, because appropriate management in certain cases (e.g. coronary bypass surgery, valve surgery) will provide patients with a productive life for decades without major additional health expenses. In contrast, an inaccurate diagnosis and incomplete therapy may be more expensive, because this will result in frequent visits to the emergency department and hospitalizations. The accumulation of those expenses over time may be greater than the cost of an early accurate diagnosis with complete treatment. Furthermore, the patients and their family members will be more productive, because of fewer doctor visits and hospitalizations.

Thus, medical decision making should not be based on cost but on sound clinical judgment and common sense. I believe that certain cardiovascular diseases (e.g. atherosclerosis), which are presently in the second phase, will soon move to the third phase, as seen with other diseases, and thus curative management at low cost will be applied in the near future.