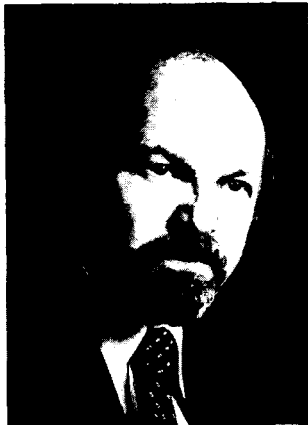


editorial



"Yes" to Medical Rationing

By Reuven Bar-Levav, MD

Competence and even unlimited dedication are often not enough to reverse the course of many of our patients' serious illnesses. Physicians in clinical practice must face facts of life, illness and death in their daily work, and they have often possessed, therefore, an acute awareness of the realities of existence. But no longer. Nowadays, many physicians specialize in areas where death is not often encountered, others have found professional interests that exclude clinical work altogether. As a result, some among us have forgotten that reality is sometimes harsh, even cruel, and that on many occasions absolutely nothing can alter it in any way.

Rationing of medical care entails hardships and suffering, but even so, it always was a part of Medicine and it always will be, the silly and self-righteous protests of some naive physicians notwithstanding. Like all other resources, including fresh air and drinkable water, medical care is limited in supply and a price tag is always attached to it. It is not only fallacious but also misleading and dishonest to condemn the unwelcome truth that resources are strictly limited even in the rich United States.

Access to physicians always depended on geographic proximity, and since physicians also have to survive, those with nothing to offer as compensation can request but they can make no demands on physicians' time. A physician might help a few

people in emergencies without a fee because of his humanitarian commitment, but very few could do so forever, or even for very long. Medicine is not a business but a calling, requiring dedication and devotion, compassion and caring. It is hypocritical, however, not to also acknowledge that physicians practice it for a living.

Only the recent advent of institutional jobs, paid for by insurance checks or governmental subsidies, made it possible to seriously advocate unreality. The real motives of physicians who reject the concept of rationing may well be an expression of the universal dream of finding again an ever-present mothering figure available to protect and nourish us at will. It is a sweet delusion, never to be, even though repeatedly raised by politicians and believed by others. Intelligent physicians are not immune to such yearnings, but of all people they ought to know better.

Contrary to current demagoguery, medical care is a privilege not a right, since someone has to pay for the time and efforts of physicians. Even before slavery had been abolished, no one had a legitimate claim on another person. No one can make such claims now, even in the name of much pain and suffering. Our Constitution only promises the *pursuit* of happiness in liberty, it does not guarantee its delivery.

No price can be attached to the value of a human life, it is holy and price-less. This basic tenet of our civilized existence affirms that life should never be abused nor treated lightly, ours or anyone else's. But it does not necessarily follow, therefore, that we have the ability or even the responsibility to maintain or support everyone's life, regardless of the cost. Abhorrent as Darwin's principle of "survival of the fittest" may be to our sensibilities, it is nevertheless true. Civilization tries to ameliorate

the cruel harshness of this principle by helping those somewhat less fit, but even if we waste all our resources — we can still not reverse nature. In the process of trying we are bound, however, to weaken and perhaps even endanger our society's chances of survival, since not only individuals but groups also are subject to Darwin's law.

We must continue to develop a system of medical care rationing that is just and fair and not solely based on the ability to pay. But some rationing will always exist and, in general, the market place has proven to be less wasteful and no less fair than bureaucratic heavy-handed controls. Some will continue to get better, faster and kinder medical care as some will continue to eat and live better, and be better educated and better housed. This is even more true in China and in the Soviet Union than it is here, the most classless if yet imperfect society on Earth.

Medical needs have a priority, sometimes the highest, often not. When the national budget must be cut, we can claim that our piece of the pie should be exempt, citing humanitarian concern, but we cannot sanely expect society to agree with us. Any intelligent observer would recognize quickly that such claims, lofty as they might sound, are probably also tainted by narrow self-interest.

Our society should continue to strive to eliminate the excesses, but human health, wealth and happiness will continue to be distributed over a wide range, in the future as in the past. To encourage false hopes that cannot be fulfilled is to arouse expectations that end up as avoidable disappointments and bitterness.

R. Bar-Levav M.D.