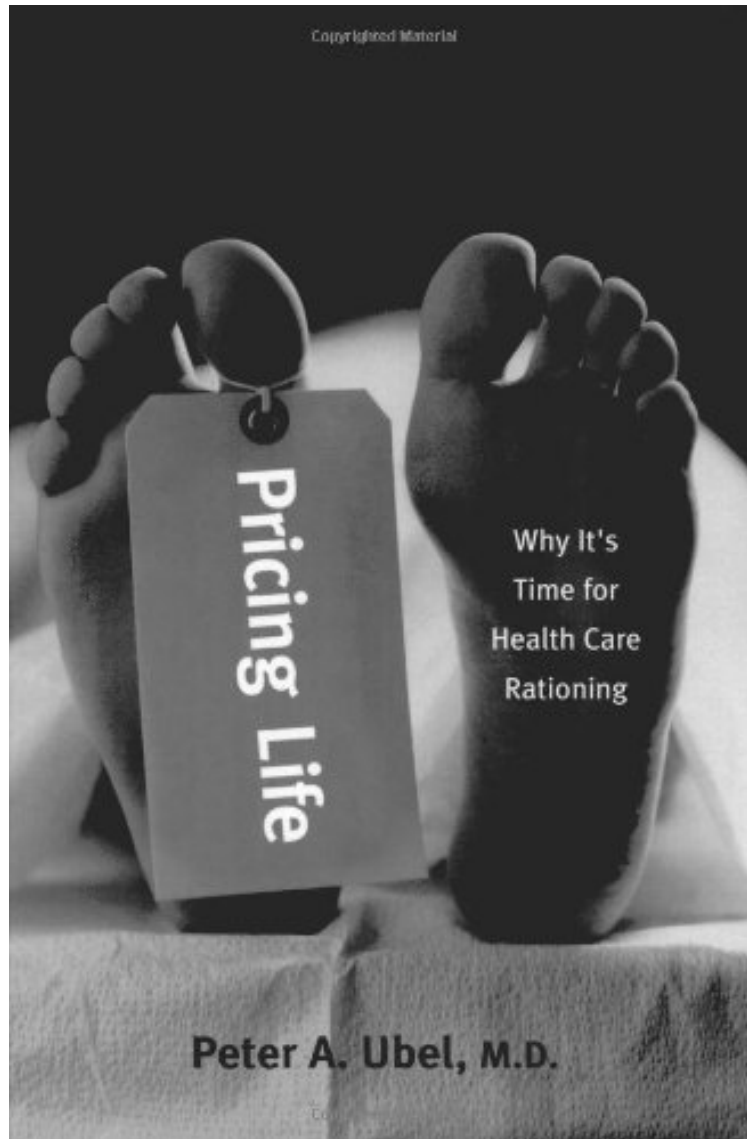


(Ebook free) Pricing Life: Why It's Time for Health Care Rationing (Basic Bioethics)

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Peter A. Ubel

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Peter A. Ubel : Pricing Life: Why It's Time for Health Care Rationing (Basic Bioethics) before purchasing it in order to gauge whether or not it would be worth my time, and all praised Pricing Life: Why It's Time for Health Care Rationing (Basic Bioethics):

0 of 0 people found the following review helpful. Excellent book. Well thought out arguments. By Peggy G Excellent

book. Well thought out arguments without the partisan rhetoric or emotional diatribes that are so common in discussions about healthcare policy. The book presents PRAGMATIC, LOGICAL arguments to consider when discussing the US health care system. Unfortunately, no one who makes policy will ever read it or follow the advice therein. LOL. The American public doesn't respond well to logic or pragmatism, and anyone who comes up with a logical policy will never be re-elected.¹³ of 15 people found the following review helpful. Solid Analysis of Issues Related to Health Care Rationing By R. Albin Modern medicine is one of the great successes of industrial civilization. This remarkable progress, however, has come at a very high price. In the USA, for example, we spend close to 15% of our GNP on health care. We are the champion health care spendthrift of developed world but other industrialized countries spend huge amounts on health care. It is not surprising that huge pressures are exerted to hold down costs; HMO management in the USA, waiting lists for complex procedures in many countries; restricted access to specialists in Great Britain. All of these cost containment involve rationing of health care services. It is a surprise, then, that this good book is one of the few to explicitly address rationing of health care. Dr. Ubel makes a series of cogent, indeed, commonsense points. Rationing is common. Rationing is inevitable in any system without infinite resources. Physicians, even those who believe that they are not rationing health care, either practice rationing at the bedside and are enmeshed in systems that make rationing decisions. Ubel decries properly the existence of this type of implicit rationing and argues instead that since rationing is inevitable, physicians should participate in explicit and rational efforts to ration care. This leads Ubel to a series of interesting recommendations. One is that physicians are in the best position to make certain kinds of rationing decisions, "bedside rationing", because they can individualize care and are best able to attempt to reconcile the needs of patients with the existence of limited resources. Ubel is an advocate of a certain type of utilitarian analysis, cost effective analysis (CEA), as a tool for deciding the value of tests and interventions. He exposes the limitations of CEA carefully and suggests ways in which it might be improved in order to become a useful tool. I think this book is primarily aimed at academic physicians with the hope of influencing physician education and approach to this kind of difficult problem. In this respect, this is a successful effort. There are several problems with the book. As Ubel acknowledges, it is not a rigorous or systematic book, but more polemical in spirit. There is definitely a need for a major systematic work(s) on this topic. Another problem is Ubel's recommendation of CEA. He is very clear about the limitations of this method but he recommends it because he views it as flexible enough to incorporate societal preferences. Even if this were methodologically possible, I doubt this would work in the USA. In relatively homogeneous and consensus oriented countries like Sweden or Japan, this approach would have real value. It has, however, been a long time since Americans reached consensus on many, many fundamental issues related to values, and this situation is unlikely to change. Finally, Ubel does not go far enough. Given resource limitations, methods like CEA, which help make choices among tests and interventions, will not address the really tough issues regarding who should receive care and how much is appropriate. These are horribly difficult problems but must be faced squarely.¹ of 1 people found the following review helpful. Pricing Life By Anya From my blog: Title: Pricing Life Author: Peter A. Ubel, MD Pages: 183 paperback Summary: I will start off saying this book is bound to be super contentious given the current political atmosphere around health care and what our country should do about it. This book focuses on the US health care system and talks about something that apparently a lot of people hate: health care rationing. He starts by defining a working definition for health care rationing, since it is not something agreed upon at all. He continues by making the argument that we are getting to the point in health care progress that we really will have to ration health care services if we want to afford reasonable health care for everyone as a nation. The idea is that every year more and more expensive new therapies come out for the big scary diseases and most of the time they are highly unlikely to actually help that much, so where should the line be drawn of what is covered by health care providers and what isn't? I found the book quite approachable for a non-premed college graduate and interesting. It obviously is a very difficult issue, but Ubel explains his thoughts and suggestions very well and it's something I'm glad health care professionals might start thinking about, since as a patient I had no idea how unnecessarily expensive normal procedures were and how unhelpful a lot of screenings are to do annually. If you are interested in this sort of thing, I definitely recommend it as an interesting and engaging read. More reviews at [...]

A rational look at health care rationing, from ethical, economic, psychological, and clinical perspectives. Although managed health care is a hot topic, too few discussions focus on health care rationing--who lives and who dies, death versus dollars. In this book physician and bioethicist Peter A. Ubel argues that physicians, health insurance companies, managed care organizations, and governments need to consider the cost-effectiveness of many new health care technologies. In particular, they need to think about how best to ration health care. Ubel believes that standard medical training should provide physicians with the expertise to decide when to withhold health care from patients. He discusses the moral questions raised by this position, and by health care rationing in general. He incorporates ethical arguments about the appropriate role of cost-effectiveness analysis in health care rationing, empirical research about how the general public wants to ration care, and clinical insights based on his practice of general internal medicine. Straddling the fields of ethics, economics, research psychology, and clinical medicine, he moves the debate forward

from whether to ration to how to ration. The discussion is enlivened by actual case studies.

From Library Journal Ubel (medicine and bioethics, Univ. of Pennsylvania) presents an overview of the moral and methodological conundrums raised by cost-effectiveness analysis (CEA), especially with regard to its role as a guide for how to ration healthcare. Ubel hopes that by viewing health rationing through the CEA lens, politicians, the public, and healthcare providers will be forced to open a debate on which services ought to be offered to everyone regardless of ability to pay and which should be offered according to ability to pay. Managed care, the political, stalemate surrounding healthcare delivery, and economic realities combine to make CEA a reasonable approach to healthcare rationing. Ubel is a persuasive advocate of CEA, seeing it as a powerful tool to help society set its healthcare delivery priorities. Recommended for bioethics and larger health collections. James Swanton, Harlem Hosp. Lib., New York Copyright 2000 Reed Business Information, Inc. From The New England Journal of Medicine ed by Wallace F. Berman, M.D. Copyright 2000 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. From Kirkus s This first volume in a bioethics series edited by Arthur Caplan and Glenn McGee is a thoughtful and provoking presentation of the case for using cost-effectiveness analysis (CEA) as a guideline for rationing health care. While four of his chapters are based on previously published articles in medical or ethics journals, Ubel (Center for Bioethics/Univ. of Pennsylvania School of Medicine) is addressing a more general audience here in arguing that physicians must ration health care at the very bedsides of their patients. Healthcare rationing cannot succeed if applied only through restrictions imposed by government, third-party payers, utilization review boards, or formulary committees, he contends; doctors must accept the necessity to carry this out. Rationing, he concedes, is an uncomfortable concept for physicians as well as for society; nevertheless, the practice is widespread under euphemisms, such as "standard of care." After examining various ways in which it has been defined, he offers his own definition: any mechanisms, implicit or explicit, that deprive people of beneficial, though not necessary, health-care services. Ubel considers the moral arguments against bedside rationing it violates clinicians advocacy duties; it destroys the trust needed for a good doctor-patient relationship; it opens the door to discrimination and finds them exaggerated. What bedside physicians need, he maintains, is guidance in making difficult rationing decisions, and although CEA not a perfect tool, it is a promising one. Citing the controversy aroused by the Oregon Medicaid program's 1987 failed cost-effectiveness list, he illustrates CEA's shortcomings in capturing community values for setting health-care priorities. Referring to recent research, he considers how community values might be incorporated more fully into CEA to make it a more useful tool. Ubel concludes by predicting that policy experts, clinicians, and administrators will become better at interpreting CEA and using it to make health-care rationing decisions. Serious discussion of a difficult and disturbing issue. (18 illus., not seen). -- Copyright 1999, Kirkus Associates, LP. All rights reserved.