

Editorial

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Bio-medicine in crisis: cost, cure, compassion and commitment

Bio-medicine is locked in a technological arms race against disease. But sometimes its weapons backfire, and its attacks tend to increase the enemy's aggressiveness. The consequences are soaring costs, side-effects and resistant infections. This downward spiral, so the story goes, is fuelled by market-forces and because people in industrial societies are living longer (arguably less healthy) lives, and therefore require ever more expensive investigations and treatments. The true picture is more complicated and ambivalence about hi-tech is widespread. There is disappointment that it delivers too few miracles, but disillusion that medicine's obsession with cure downgrades caring; disapproval as its weaponry costs spiral out of control, but unquestioning acceptance that magic bullets have to be found; an explosion of compensation for medical adverse events yet a collusive acknowledgement that hi-tech is also high-risk; lip-service given to prevention and primary care, while the lion's share of the spend goes to the hospital sector.

So how will 21st century healthcare find its way out of these binds? Crises of cure and cost are two sides of the same coin; health creation names one way of solving them both. But medicine is faced with even deeper crises. With its place in society changing rapidly, medicine is losing the authority and respect it once attracted; at the same time a mechanistic vision of healthcare is threatening its once unquestioned benevolent values. If these two trends are connected, then no amount of new magic bullets will address medicine's crises of

compassion and commitment. On the contrary, the arts of caring are losing ground precisely because they aren't easily reduced to biochemical actives; the tacit assumption that people are separate biochemical machines robs them of significance. And this could be another reason (along with sheer overwork) why doctors and nurses say they are unhappy in healthcare; when compassion is devalued and meaningless we are in danger of losing our sense of commitment.

These crises of cure and costs, compassion and commitment, are telling us we need a new way of looking at medicine and new ways of doing it. Ironically, science itself can turn these tides: for instance, far from side-lining the art of medicine, evidence-based healthcare shows that communication and kindness improve most healthcare outcomes. Which is why hi-tech approaches need the therapeutic relationship to balance them out; and why healthcare organisations should nurture their compassion-resources by looking after their staff. Those that do will be more productive, recruit better and be less litigated against.

Medicine's crises are signs that we need holism more than ever. Fortunately, in a world of governance and guidelines there is science to support holistic approaches: for the therapeutic relationship, mind-body medicine, the mainstream potential of complementary medicine, for ways of mobilising self-healing. The BHMA's December 2004 annual conference *Examining 21st century expectations of healthcare* explored new ways of delivering humane care and education in an increasingly impersonalising world. This issue of *JHH* presents some highlights from the meeting.