

US government debates Medicare coverage of prescription costs

Scott Gottlieb, *New York*

The US president, Bill Clinton, is attempting to reconcile two seemingly contradictory goals with a new plan to cut the government's long term cost of providing medical insurance to elderly Americans while expanding the government's financial commitment in order to cover the costs of prescription drugs.

The president's plan would make structural changes in the Medicare programme to encourage competition and efficiency in the government run system that provides care to elderly and disabled people. According to officials at the Treasury, the plan may also require additional funding from their department.

As part of the plan to save money, the government would steer Medicare patients to hospitals that offered the government substantial discounts on complicated, expensive procedures such as heart bypass surgery and

hip replacement operations. Competitive bidding would also have to be used by Medicare to buy a wide range of services.

The most controversial part of the plan is a recommendation that a new benefit should be introduced that would pay for prescription drugs for the 39 million elderly Americans enrolled in the programme. The rising cost of prescription drugs and their growing role in the health



Bill Clinton plans to cover more drug costs for elderly people

care of elderly people has become an important topic in the United States, but it is widely acknowledged that it will be hard to pass legislation on this issue. Medicare already has problems paying for its current portfolio of benefits, and the president's political opposition has insisted that any expansion must be tied to a broader restructuring of the programme that would pay for new benefits from savings elsewhere.

The pharmaceutical industry is also opposed to the provision of drug payment as part of the benefits offered by Medicare, worried that the government would use its massive buying power to demand discounts. □

Philippine plan to cut diarrhoea deaths

Adam Easton, *Manila*

The department of health in the Philippines aims to reduce deaths that are related to diarrhoea by 50% and reduce episodes of diarrhoea by 20% by next year through a new control programme. Up to 12 500 Filipino children aged under 5 years currently die each year of dehydration caused by diarrhoea. It is also the leading cause of illness and the fourth leading cause of death in infants in the Philippines.

The main thrust of the new programme is to promote oral rehydration treatment among mothers, according to Juanita Basillo, a division chief in the department of health's maternal and child health section. The aim is to increase the use of oral rehydration treatment by mothers to 80% next year—double the rate of its use in 1995. Health workers are promoting the programme through local village-level meetings, especially before and during the monsoon season from June to December, when the number of cases of diarrhoea increases owing to water sources becoming contaminated by flood water. The department has also sponsored advertisements in the media promoting oral rehydration treatment.

"A major issue is making sure of the availability of safe water," said Dr Basillo. A department of health report found that two million households, covering 12 million of the country's 70 million people, do not have access to safe water.

Health workers are educating households about appropriate management of diarrhoea. As 90% of all children who die from dehydration can be saved by prompt replacement of fluid and electrolytes lost during diarrhoea and vomiting, the programme is promoting the use of rice water, home soups, coconut and fresh fruit juice, and clean and safe water. Mothers are being encouraged to breast feed exclusively for the first six months and oral rehydration salts are being made available at every local government health clinic. □

Euthanasia endorsed in Dutch patient with dementia

Tony Sheldon, *Utrecht*

A doctor in the Netherlands has not been prosecuted for helping an elderly patient with vascular dementia to die. The psychiatric patient was considered to have been competent to request assisted suicide and the procedure was judged to be medically and legally sound.

The facts were reported in a rare case history in a Dutch medical journal (*Nederlands Tijdschrift Voor Geneeskunde* 1999;143:17). Dutch law states that doctors can avoid prosecution for assisted suicide only if their patient has persistently made an informed and voluntary request and is suffering unbearably and hopelessly. The patient in this case was considered "ill enough not to want to go on anymore, but... not so demented that he could not decide." A complex protocol—the first of its kind in the Nether-

lands—was set up by the hospital involved, the Twents Psychiatric Hospital, to consider the patient's request.

The case involved a 71 year old man who for four years had had a psycho-organic disorder, diagnosed as cerebral atrophy and multiple brain infarction. Magnetic resonance imaging confirmed that his condition was deteriorating. He asked his doctor to help him to die because he did not want to have to cope with further decline.

The patient's case was assessed by the hospital's chief psychiatrist, a committee of independent professionals, and an external consultant psychiatrist. Four months after assessment the patient died at home after drinking a high dose solution of barbiturate given to him by his doctor. The public prosecutor approved the procedure after

consultation with the national forum of procurators general.

The case has raised fears that it brings euthanasia for demented elderly patients a step closer. The Alzheimer's Foundation in the Netherlands warned: "Dementia itself could never be a reason for assisted suicide because the patient is incapable of making an informed request."

The doctor involved in the case defended her actions, writing in the journal that she opposes euthanasia and assisted suicide for patients who are unable to express their will, and she agrees that most patients with dementia cannot. In this case, however, her patient was lucid at all times and completely able to understand the consequences of his request.

Medical director of the Royal Dutch Medical Association, Rob Dillmann, said that if a patient was in the early stages of dementia but still clearly competent and with an untreatable progressive neurological disease then there was the possibility of appropriate physician assisted suicide. □