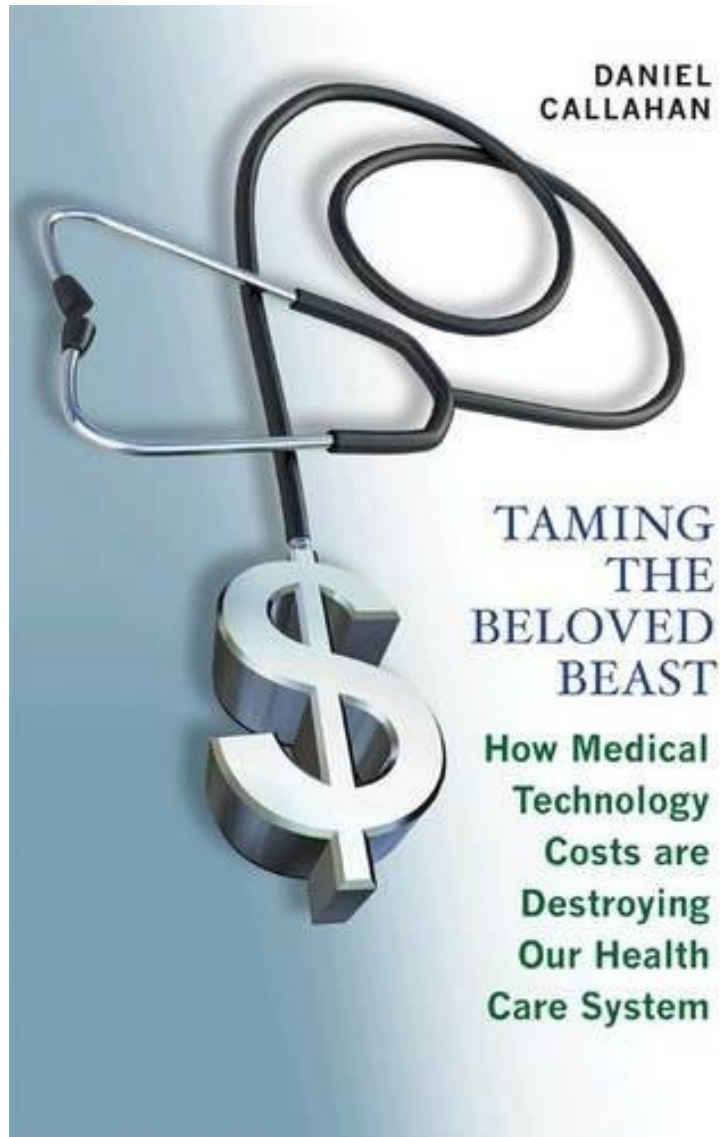


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# Taming the Beloved Beast: How Medical Technology Costs Are Destroying Our Health Care System

*Daniel Callahan*

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**Daniel Callahan : Taming the Beloved Beast: How Medical Technology Costs Are Destroying Our Health Care System** before purchasing it in order to gage whether or not it would be worth my time, and all praised Taming the Beloved Beast: How Medical Technology Costs Are Destroying Our Health Care System:

9 of 10 people found the following review helpful. The best book on health care reform to dateBy Dan

Beauchamp First of all, a disclaimer. I have worked with Daniel Callahan (some years ago) and with the Hastings Center which he helped found. I have also reviewed (in another place) an earlier book of his, *False Hopes: Why America's Quest for Perfect Health is a Recipe for Failure*. His main thesis in both books is that we soon have to radically rethink the goals of medicine. In this new book Callahan argues that the profligate use of medical technology is the chief culprit in the upward spiral of costs. When we evaluate medical technology based only on its impact at the individual level, all the incentives push us toward using the technology. We must evaluate medical technology against its population effectiveness. In my review of *False Hopes* I argued that prior to this fundamental reform of medicine we must first achieve fundamental health care reform, including payment reform, before we can bend the curve of medicine more toward public health priorities. This new book convinces me that I was wrong. We can't wait. We need to start talking now about the ends of medicine in terms of the common good. The next 10 years while we debate health care reform will be decisive. Another reviewer tries to separate medicine and public health into two realms: one devoted to prevention the other to treatment. I once heard a dean of a very good medical school make the same distinction: medicine is responsible for the individual patient's good; public health if for the common good, or the health of the public. This is a very common, and very wrong, distinction, as Callahan's books have long argued. Medicine is also responsible for the common good, the health of all of us together. More than this Callahan argues that we cannot hold medicine responsible for this task until and unless we determine what we mean by the good or full life. Callhan asks that we face the reality of death and the end of life when caring is what matters, not another heroic intervention. I have watched friends my age (73) die in hospice centers when it came time to throw in the towel, and for my friends and for myself, accepting death is part of what is meant by the full life. I had another friend of the same age, a physician, finally decide to have back surgery for chronic pain despite the evidence of its dubious effectiveness and he suffered coronary arrest and died several days later. This occurred in one of the nation's premier teaching hospitals where my friend taught. Callhan's book is the best book around for reviewing all of the various dimensions of health care reform, beginning with Medicare. He has a remarkable knowledge of the vast literature on Medicare reform and also is up to date on what's occurring in health care systems in the Western democracies as they struggle to control spending. I also have studied the health insurance schemes of Germany, and the tax-financed National Health Service in England, but Callahan's information is up-to-date, informed, and pertinent to the U.S. because it shows how all of these systems are faced with the huge pressures that medical technology is placing on medical spending, and are all systems are trying in various ways to cope. I plan to recommend this book to every one who wants to try and grapple with the next 10 years as we move toward systemic reform. It is encyclopedic in its coverage of the vast range of topics, and its final chapter, where once again he returns to why public health and its population perspective is so central to the evaluation of medical technology and medical practice, should be read by everyone in public health. The first reviewer's analysis of this book is a caricature of the importance of Callahan's achievement. Callhan's real message is that when it comes to health together, or health status, we must sooner or later decide what we mean by a full life and a normal life span. Public health, no less than medicine, needs to face this challenge. We all need to ask ourselves, how much health together is enough and how do we get to that "enough" ....with more and more enormously expensive technology or by eliminating health disparities by extending effective primary care to those who today are without coverage, or by reforming primary care for those who have coverage to preclude expensive testing that is accomplished more for the economic health of hospitals and clinics rather than the patient? This is a very important book on the health care debate by an expert who has written many important books on the ends of medicine. 1 of 1 people found the following review helpful. Some Eye-Opening Bits of Data -By Loyd Eskildson Health care economists attribute about 50% of the annual increase of health care costs to new technologies or the intensified use of old ones. Those rising costs now consume 18% of GDP, and contribute to the gradual decline of employer-provided health care (now down to 60%), and increase in cost-sharing, and half of all personal bankruptcies in the U.S. American health care has now become a disease itself, a cancer eating away at our economy. Even though technology is the main driver of cost increases, they are not one of its primary underlying pathologies - these include high administrative costs, fee-for-service medicine, and a profit-driven private sector that provides economic incentives for physicians to use and misuse technology. Ironically, the increasing pressures to 'reform health care' from conservatives and ideologues focus on Medicare, the most cost-effective source of health care in the U.S.; even more so is the fact that in adding prescription drug benefits they prohibited the government from negotiating lower drug prices for Medicare beneficiaries. The Medicare Advantage program is also flawed because it is subsidized by government and more expensive than standard Medicare coverage. As for Medical Savings Accounts - their chance of having any great cost benefit is slight because over 80% of national health care costs are incurred by 20% of the people who need catastrophic care - savings that would come from hesitation to use savings account money for lesser illnesses and cost-sharing would be minor. Private health insurance, mainly paid for by individuals rather than employers, have fewer incentives to contain costs, while publically-ruled systems have been more successful in doing so - often, however, at the expense of waiting lists. A Kaiser Family Foundation 2006 report surveyed current cost control efforts by payers (eg. better management of high cost and chronically ill patients, reducing payment rates to providers), consumers (eg. out-of-pocket payments, better information, tax incentives), and supply-side strategies (eg. electronic medical records,

reduction of medical errors, rewarding efficiency and quality) and concluded that they may lead to efficiency and quality gain, they would not have meaningful impact on overall costs. Meanwhile, the political battle rages on, raging over uncertain data on both costs and benefits. Thus, the authors conclusion that focusing on technology provides the most fruitful path for controlling health care costs. The authors then review evidence on the effectiveness of competition in restraining health care costs, concluding it is mixed and not encouraging. My criticism is 'Taming the Beloved Beast' is that its examination of other nations' efforts to limit health costs, all in Europe except for Canada, is rather weak/superficial and they fail to examine any Asian programs. Unfortunately, its the Asian programs that have been most successful - eg. Japan and Taiwan hold health care spending to 8% of GDP, and Singapore is at 4% - vs. the U.S. at 18%. 4 of 16 people found the following review helpful. Popycock. By James Yep. Just academic blabbering. The author, despite his academic accolades, makes a common mistake. He is confusing the two fundamentally separate aspects of health care. One is care for the sick -- this is called Medicine. The other is prevention of disease -- this is called Public Health. Of course, he is right in the sense that Public Health has the potential to save far more lives than Medicine. He is also very much right that Public Health is woefully underfunded. That is because saving statistical lives is different than saving actual real people, and people generally don't relate to it very well. The two parts of health care are largely different endeavors. A real cancer patient is unlikely to take much satisfaction in the fact that smoking cessation is decreasing the rate of lung cancer death in the population. She will continue to seek the best medical care she can get, and who is to say that this is less important than building a bigger house, buying more clothes, or whatever else? It makes total sense for the US to create a true health care system (not just health care industry). The system would put in true economic incentives for healthy behaviors. Make smoking even more expensive! Tax low nutrition value foods! Encourage physical activity! Find a way to tax sedentary behavior! Make all true preventative care, e.g., vaccines, cholesterol management, colon cancer screening, etc., free for all! It is nonsensical to measure medical care by mortality statistics. Sure, the US population may have the largest fraction of obese, diabetic individuals with osteoarthritis, reflux disease, liver inflammation, and so on. Is that a failure of Medicine or is that a failure of Public Health. Obviously, it is the latter. Yet, it is Medicine that gets the blame and we hear again and again how it we're not getting the value for the spent dollar. No argument there, but the logic is wrong. Public Health expenditure should be recognized as its own priority! Blaming Medicine for failures of Public Health is no different than blaming NASA or the National Park System. Evaluating Medicine by Public Health metrics is fundamentally flawed.

Technological innovation is deeply woven into the fabric of American culture, and is no less a basic feature of American health care. Medical technology saves lives and relieves suffering, and is enormously popular with the public, profitable for doctors, and a source of great wealth for industry. Yet its costs are rising at a dangerously unsustainable rate. The control of technology costs poses a terrible ethical and policy dilemma. How can we deny people what they may need to live and flourish? Yet is it not also harmful to let rising costs strangle our health care system, eventually harming everyone? In *Taming the Beloved Beast*, esteemed medical ethicist Daniel Callahan confronts this dilemma head-on. He argues that we can't escape it by organizational changes alone. Nothing less than a fundamental transformation of our thinking about health care is needed to achieve lasting and economically sustainable reform. The technology bubble, he contends, is beginning to burst. Callahan weighs the ethical arguments for and against limiting the use of medical technologies, and he argues that reining in health care costs requires us to change entrenched values about progress and technological innovation. *Taming the Beloved Beast* shows that the cost crisis is as great as that of the uninsured. Only a government-regulated universal health care system can offer the hope of managing technology and making it affordable for all.

From Publishers Weekly  
Leading medical ethicist Callahan offers a tough-love solution that may be too stark for most Americans. He argues that the most costly technologies don't necessarily make us healthier. Instead, he suggests prioritizing resources to emphasize prevention; an end to medicalizing life problems; a path to universal health care; and an abrupt end to progress and innovation regardless of cost. Callahan also suggests something more startling given that he is aged 79: high-tech care should go to those who benefit most the young. The message is harsh; to discount it may be harsher still. (Oct.) Copyright Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. One of Library Journal's Best Sci-Tech Books, Health Sciences category for 2009 Recommended Reading, 2011 James A. Hamilton Award, American College of Healthcare Executives "No one who comes to *Taming the Beloved Beast* with an open mind can deny the intellectual and ethical power of the questions he poses. He probes issues central to resolving the enormous problems and inequities--not to mention the looming financial threats--that bedevil American medical care."--Beryl Lieff Benderly, *Science* "While bringing insightful ethical, social, political and economic perspectives to this timely, well-documented discourse of the ballooning costs of American health care and Medicare, Callahan concentrates on the growing costs of medical technology, which, along with uncontrolled governmental healthcare spending, threaten to drag this country into financial crisis. . . . This excellent overview of reaching the goal of universal health care is a good resource for anyone concerned with the future of health care and its economics."--

Library Journal "The rising cost of health care has preoccupied policy makers and the public for decades. Callahan contends that the principal cause of rising costs lies in Americans' infatuation with new medical technologies. . . . Callahan argues that the U.S. must rethink the goals of medical technologies and accept new limits on the availability and appropriate use of expensive medical treatments."--Choice "This book reflects the author's expertise not only as a researcher but also as a philosopher. He presents his arguments, discusses alternatives, and anticipates counterarguments, all with ample citations. . . . [T]his book will engage readers seeking to gain insight on health care reform and cost control from the perspective of a pragmatic philosopher."--Leslie R. Pyenson, Psychiatric Services  
From the Inside Flap "Dan Callahan is one of the most important thinkers in health care today. Love him or hate him, you need to reckon with his ideas. Taming the Beloved Beast is a direct challenge to the central health care issue of our time--the capability and cost of medical care."--David Cutler, Harvard University "An extraordinarily clear and important contribution. Callahan argues that many new medical technologies yield only very marginal benefits relative to their high costs for the majority of those who receive them. This book should be of interest to everyone who is involved in any way with health care policy and health reform issues."--Leonard M. Fleck, Michigan State University "This is the only major book of which I am aware that places the escalating costs of medical technology at the center of the health care reform maelstrom. Callahan explains why we are facing a serious and urgent crisis in health care spending and why a cultural revolution is needed to bring about meaningful and sustainable change."--Alan B. Cohen, Boston University Health Policy Institute