

# Making Choices in Health Care

Pages with reference to book, From 199 To 199

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Of the total amount spent from public and private sources to provide health care in Pakistan, it is quite clear that the largest amount is spent by the wealthier sections of society to purchase personal curative services from private doctors and hospitals -both in the country and overseas. There is little or no evidence that the health of the nation has improved in the past 10, or even 20 years - this despite notable efforts to immunize children and provide basic support for the diarrhoea disorders. In an important article in this journal, Khan has suggested two things. First, a way to measure "the burden of disease and mortality". While this sounds complex, it really consists of defining what are major causes of illness and death and assessing the significance of each using a standard mathematical formula to quantify the loss to the community of a premature death or a prolonged disability! It is not so different from a nation figuring out many miles of road and railway, how many carriages and lorries are required to supply areas with their needs. The second concept is to establish priorities. Since we cannot build all the roads and railways at once, which will do the most good for most people. We must make intelligent choices and determine priorities. The cost of providing the services which give the most health benefit for the most people can be estimated from experience in this country and in other similar nations. Thus, logical decisions can be made to disperse public, donor and to some extent, private funds where the most good can be done. Finally, Khan appeals to our profession to take an interest in health care beyond the immediate personal services of curing disease. As privileged members of society, our active support and leadership as doctors can influence the politicians, the civil servants and the public to collaborate to reduce the role of morbidity and mortality which we all share, and this at affordable cost.