

8-1-1993

[Book Review of] *What Kind of Life. The Limits of Medical Progress*, by Daniel Callahan

Robert J. Barnet

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

 Part of the [Ethics and Political Philosophy Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Barnet, Robert J. (1993) "[Book Review of] *What Kind of Life. The Limits of Medical Progress*, by Daniel Callahan," *The Linacre Quarterly*: Vol. 60: No. 3, Article 13.

Available at: <http://epublications.marquette.edu/lnq/vol60/iss3/13>

BOOK REVIEWS

What Kind of Life. The Limits of Medical Progress

by Daniel Callahan.

Simon and Schuster. New York, 1990, 318 pp., Hardcover. \$19.95

Callahan in this, his latest book, moves beyond the earlier and controversial *Setting Limits: Medical Goals in an Aging Society* (1987) clarifies his position and provides answers to his critics. The issues he raises go beyond medicine and are rooted in concerns about individualism, the impact on society of technology and the need to set limits. Callahan enters new frontiers, particularly in his thoughtful and informative section on technology; on euthanasia (which he opposes) Callahan offers a fresh insight and a helpful perspective.

Among the conventional wisdom that is challenged is the assumption that health needs are more important than other needs. Callahan rejects the position that the fundamental problem in allocating resources to health care is an economic one and poses a more basic query about the meaning of life and the role of medicine in contemporary American society. The high cost of health care is only a symptom; it is the underlying process on which we should focus. This book does not offer a short term fix but proposes an agenda that will take us well into the twenty-first century.

A critical message that Callahan delivers is that our priorities should be social rather than individual and that we should accept "a more modest standard — sufficiency, not perfection." He notes that the average of individual and societal health is **already** adequate to meet the general needs, and appropriate ends, of our society. I do not challenge the validity of his observation but we must recognize (as Callahan does) that almost forty million people in the United States do not have adequate access to basic health care. This underlines the danger of establishing public policy that is essentially utilitarian; some may be excluded from sharing in the basic goods of society.

There is an important caution raised about whether we can anticipate more than a marginal future gain in curative medicine; we should not base our expectations on the experience of this past century. Callahan does not call for the elimination of advanced technology and of research but does ask society to seek an appropriate perspective . . . a perspective that insures the basic levels of health care are provided for everyone.

Callahan acknowledges that there have been major improvements in health attributable to scientific medicine but points out that we have not solved the associated economic problems. Health care cost increases continue to exceed the rate of general inflation. The elderly now spend more out of pocket on health care than before Medicare; the average young person often cannot afford either health insurance or basic health care. A family Blue Cross health insurance annual premium in New Jersey can now exceed \$6,000. Medicine's traditional ally, business, has been financially overwhelmed in recent years by the burdens of health insurance premiums. There are limits.

Callahan perceptively notes that our major concern should not be the economics but the "deeper premises" and "the way we think about health in our lives." He finds the "problems in our success rather than in our failure, our goals rather than our means, our ideals rather than our defects."

One of the important and innovative contributions that Callahan makes is his schema for setting health care priorities. I and others have argued that we as a nation have a moral obligation to insure that "access to basic health care" is universally available. The meaning of "basic health care" has been questioned. I have proposed that it should consist of "the type of care delivered by family practitioners, internists, pediatricians, nurse practitioners, physician assistants and the like." What

Callahan proposes six levels of care; the first sets "the basic moral agenda." Together the first four levels address those "threats to personal integrity and health that are shared by almost everyone in society"; included are preventative medicine, immunization, antibiotics and primary care medicine.

Although further refinement of the specifics that Callahan places at each level is appropriate, his approach offers a much needed methodology for the discussion as we embark on further debate both in the community and in the formulation of public policy. (My own suggestion can be integrated appropriately into Callahan's level three and four.)

It is especially important that Callahan appropriately identifies as *most basic* those forms of caring (hospice, home care, etc.) to which we now give short shrift; in contrast we allocate disproportionately high funding to his level five and six. These later levels include high tech medicine, specialized care and "individual curative needs." Callahan's challenge: as a society we must decide if it is time to assign priorities at the higher levels *only* when we have made available the basic levels to everyone.

Callahan's distinction between curing and caring and its implication is lucid and important. Here, as elsewhere there is a new depth, warmth and an easier style than was present in *Setting Limits*.

There are few criticisms I can offer of this extremely important book. One weakness is the lack of emphasis on the role of entrepreneurial forces contributing to the problems in health care delivery and its high costs. Callahan's identification of professional and societal expectations as critical factors is correct. What also is needed is an elucidation and analysis of the manipulation of these expectations by the profit motivation both within and outside the medical profession. Arnold Relman's characterization of the medical-industrial complex is as appropriate as ever and its influence ever greater.

This will be one of the most important books of this decade. It should be read and discussed, not only by those in health care and ethics, but by anyone concerned about the priorities and moral values in society. The themes should be studied by all concerned with economics and public policy. It is imperative that throughout our communities that we find ways to have a meaningful dialogue about the issues that Callahan has so eloquently raised.

Just as Paul Starr's *The Social Transformation of American Medicine* was the most important book of the 1980s for an appreciation of the historical background of medicine's current pragmatic and moral dilemmas, an understanding of the content of *What Kind of Life* will be foundational for their resolution in the 1990s and beyond.

— Robert J. Barnet, M.D., MA

Who Lives? Who Dies? Ethical Criteria in Patient Selection

by John F. Kilner

Yale University Press, New Haven, CT. \$24.95.

The growing necessity to make patient selection for scarce medical resources, where non-selection means death, demands ethically sound criteria for choice which receive widespread acceptance within an ethically pluralistic society. John F. Kilner's book makes a valuable contribution to the quest for such criteria. Kilner is associate professor of social and medical ethics at Asbury Theological Seminary and adjunct professor of medical ethics at the University of Kentucky.

The first two chapters deal with the worldwide problem of resource scarcity, the necessity for criteria (as against formal avoidance of criteria) and how the criteria examined in the book have