## Conference Report

## A 'final solution' for AIDS victims?

## by Jutta Dinkermann

Some scary things happened in Munich, West Germany, on March 16-18, where the Concerted Action Committee on Health Services Research of the European Community (COMAC HSR) held a meeting, entitled, "Economic Aspects of AIDS and HIV Infection." The meeting was held in cooperation with the World Health Organization (WHO) Collaborating Center for Health Planning and Health Economics. The conference itself was part of the implementation of a study, which was adopted at the meeting of COMAC HSR, Nov. 13, 1987, titled "Economic Aspects of AIDS and HIV Infection—a COMAC HSR Study 1988-89."

The aim of the study is described, in part, as: "To study direct and indirect costs of AIDS and HIV infection for individuals, families, health services and societies and to try to prepare concerted actions."

The project leader and contract holder is Professor Schwefel from the MEDIS Institute for Medical Informatics and Health System Research of the Society for Radiation Research, based in Munich. Others on the project management group are Dr. Rothmann, United Kingdom, and Dr. Gotfried Thiers, Belgium—both members of COMAC HSR.

Watching the behavior, and listening to the studies of socalled economists, think-tankers, and WHO and insurance representatives, gave a hair-raising impression to this observer of what kind of people advise the governments of the European Community on health policy. Spoiled 30-year-old greenhorns, who just have completed their degree in "economics" but would not be able to even run a household budget, counsel politicians on how to save costs on the terminally ill. Their controllers are people working in thinktanks, governments, and insurance companies, who not only take the god-like prerogative to adjudicate concepts like the "quality of life," but measure this in terms of money.

The advice often takes the form of telling doctors to stop following the Hippocratic Oath, but rather to judge a patient's sickness and treatment in terms of cost-effectiveness—such

as telling a family that a 70-year-old mother's kidney dialysis is no longer worth the expense.

## **AIDS** is expensive

The reason AIDS is attracting so much attention from these people now, is that AIDS is an extremely expensive disease. The cynical argument presented at the conference was something like: We have to deal with limited resources, so patients, and AIDS patients especially, should be glad that we are doing studies to minimize costs, so that everybody gets at least a little bit of treatment!

One of the key controllers present, Prof. M.F. Drummond, Health Services Management Center, Birmingham, U.K., argued that given the need to assign priorities between programs for AIDS/HIV and other diseases, it is important that the results of economic evaluation be comparable across different health care interventions. He finds that one very promising approach is the calculation of the "cost per quality adjusted life-year gained" (QALY) from different medical interventions. He calls for including such calculations in the future, in order to require data not only about the lengthening of life through treatment or prevention, but also on the quality of that life.

What follows is a sample of Drummond's tables:

Intervention	Present value of extra cost per QALY gained (£)
Kidney transplant	3,000
Breast cancer screening	3,500
Heart transplant	5,000
Hospital hemodialysis	14.000

Drummond apologized that there are still no data on the cost per QALY gained from treatment for AIDS, to compare with that of other health care interventions. But it was precisely for this aim, that the crowd in Munich had gathered.

The costs of AIDS cause these people sleepless nights, especially the expensive parts, such as drugs and hospital care. One item intensively discussed was the much cheaper so-called "alternatives" to hospital treatment of AIDS patients—such as hospices and keeping people "integrated in their social environment"—which are of course no alternatives but very fast roads to the grave.

As to drugs, Drummond called for economic evaluations to be based on evidence of the effectiveness of the medicines, to be conducted alongside a clinical trial. The main measure of effectiveness should be length of survival, which would enable a cost-effectiveness analysis to be performed, giving an incremental cost per life-year gained. But in order to limit the use of drugs much further, Drummond factors into his concept of life-years gained, a measure of the *quality* of the extra years, thereby conducting a cost-utility analysis. He underlines the importance of this approach with the cynical hint, that the quality of the added years may be less than perfect, because of the side-effects of the drugs, and that,

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therefore, trials of drug therapies for AIDS/ARC should either include a measure of quality of life, or collect clinical symptomology data in a way, that would enable the health status of patients to be categorized on a generic scale.

Another key speaker was R.F. Schreuder, Secretary of the Steering Committee on Future Health Scenarios (STG) in the Netherlands. The chairman of the STG is the Director General of Health in the Ministry of Welfare Health and Cultural Affairs in the Netherlands.

To understand the real importance of this institution, one must know a bit about its background. The Committee's chief task is to create models and scenarios of future development in the field of public health care, to enable policymakers to make "more rational decisions about which areas of public health and health care should receive priority." The findings are incorporated in strategic policy documents such as the *Memorandum Health* 2000, published in 1986. In 1987, the regional director of WHO/EURO requested the STG to develop an international scenario project on the "Impact of AIDS on Society." After a "brainstorming session" in Geneva, STG developed the guidelines for the study on "The Socio-Cultural and Economic Impact of AIDS on Society," the results of which will be discussed in a two-day meeting in the Netherlands (May 25-26, 1989).

Schreuder is part of the "ecological-fascist" crowd in Holland. He was introduced to the conference as representing the think-tank in Holland which provided crucial "environmentalist" ideas to Queen Beatrix, in a study entitled "Problems for Tomorrow." Schreuder is a strong advocate of using the method of "delphic futurist scenarios" perfected by the Rand Corporation and others, as a means of social engineering. As his "Impact of AIDS" report states:

"The idea of compiling scenarios that provide a forecast of future developments was first applied in California in the early 1950s by the Rand Corporation and similar think-tanks established for military and strategic purposes. . . . The first scenario to gain significant publicity in the Netherlands was developed in 1975 in connection with urban and regional planning policy (Urbanization Report). Of more recent origin are the energy scenarios, which played a role in public debate on future energy policy, and the scenarios of the Center Planning Bureau that describe expected economic trends up to the year 2000."

Schreuder boasts about getting help from the Phillips corporation, which is one of the most central planning groups for the "Europe 1992" restructuring of Western Europe along corporatist-fascist lines. Former Phillips chairman Wisse Dekker, during the time he was Phillips chairman, was the head of Holland's Dekker Commission, which worked out proposals for "cost-benefit effectiveness" reform of the Dutch health system.

Schreuder was visibly shocked when asked by this writer, whether the work of his institution has something to do with the dramatic increase of euthanasia in his country.

What follows is a list of participants and speakers at the Munich conference "Economic Aspects of AIDS and HIV Infection":

• Dr. Dennis P. Andrulis, president, the National Public Health and Hospital Institute, Washington, D.C. • Prof. Donald S. Shepard, Harvard Institute for International Development, Cambridge, Mass. • Maurice R.H. Pedergnana, Management Center, St. Gallen, Switzerland • Dr. Joan Artells-Herrero, General Director for Health Planning, Department of Health and Consumer Affairs, Madrid, Spain ● Prof. Dr. A.A. Sissouras, University of Patras, Unit of Health Services Research, Greece • Dr. André E. Baert Commission of the European Communities, Brussels, Belgium • Prof. Antonio Brenna and Dr. Franco Rossi, SAGO, Milan, Italy • Dr. Francesco Taroni, AIDS Operative Center, Higher Institute of Health, Rome, Italy • Prof. Dr. M.A.I. Valleron, director, Cooperative Center of Data of the Epidemiology of Human Immunodeficiency and the Unity of Biomathematical and Biostatic Research, University of Paris, France • Dr. Angela Downs, WHO Collaborating Center on AIDS, Institute of African and Tropical Medicine and Epidemiology, Hopital Claude Bernard, Paris, France • Dr. Rainer Hanpft and Axel Jenke, Institute for Health-System Research, Kiel, West Germany ● Dr. Hans Stein, ministerial adviser, Federal Ministry for Youth, Family, Women, and Health, Bonn, West Germany • Dr. J.C. Jager, National Institute of Public Health and Environmental Protection, Netherlands • Dr. Anne M. Johnson, Senior Lecturer, Academic Department of Genito-Urinary Medicine, London, United Kingdom • Prof. Dr. A.D. Wilkie, R. Watson & Sons Consulting Actuaries, Watson House, London, United Kingdom • Marten Lagergren, Department of Social Medicine, Karolinska Institute, Sweden • Dr. Julian Lambert, Department of Dermatology, University of Antwerp, Belgium • Dr. Godfried Thiers, Institute of Hygiene and Epidemiology, Brussels, Belgium • Prof. Dr. Alan Maynard, University of York Center for Health Economics, York, United Kingdom • Dr. Bente Olesen, Copenhagen, Denmark • Dr. Herbert Zoellner, Regional Office for Europe, WHO, Copenhagen, Denmark • Dr. Jão Santos Lucas, Human and Social Sciences Department head, National School of Public Health, Portugal • Malcolm Rees, Amersham, United Kingdom • Prof. Dr. Joan Rovira, Department of Economic Theory, University of Barcelona, Spain.

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