

**James Le Fanu. Prospect 1999**

Apesar dos avanços extraordinários da medicina nos últimos cinquenta anos, os médicos estão desiludidos e o público neurótico com a saúde. Porquê? A invenção da medicina perdeu o fôlego a meio da década de setenta e o vazio foi preenchido por duas teorias deficientes – a teoria da doença social ou ambiental e a nova genética... Estatísticas revelam que a proporção da população que se mostra “preocupada com a sua saúde” aumentou de um em dez em 1968 para um em dois no ano passado. E o aspecto mais curioso deste fenómeno recente dos “saudáveis preocupados” é o facto de ter inspiração médica. As pessoas saudáveis preocupam-se porque repetida e sistematicamente foi-lhes dito por especialistas que a sua saúde é constantemente ameaçada por perigos não revelados. O conselho do bom senso do passado – “não fume e não cometa excessos na alimentação” – transformou-se em condenações múltiplas e gerais de qualquer prazer terreno: comida, álcool, bronzear-se ao sol e sexo. E todas as semanas surge um perigo novo. Quem diria que a luz eléctrica que acompanhou gerações de crianças nas suas noites seria agora causadora de perturbações oculares?...

**John C. Bailar. New Eng J Med 1999; 340:958**

Meta-analysis – the formal combination of the research results from multiple studies – is widely used, but with little general understanding of its limitations and uncertainties. There is something quite appealing about collecting all the available research on some question and reducing it to a single figure or a single confidence interval. When properly used, this approach can be useful. However, there is broad evidence that the results of meta-analysis are often not very reliable. LeLorier et al. have shown that many meta-analysis do not agree with the results of subsequent large, randomized trials, and there is little reason to believe that those trials are consistently wrong...

In a review published a few years ago I cited five meta-analysis that produced conclusions that were questionable for a variety of reasons. These included lack of understanding on the part of the meta-analysis, of the scientific subject in question or, conversely, lack of understanding on the part of the experts in the scientific subject of the procedure for meta-analysis; failure to consider a host of relevant covariates, and frank bias on the part of the meta-analysis team. Another common problem is lack of homogeneity. When an effect exists, its size may vary substantially from one population to another, such that no com-

bined estimate can have much meaning. (For example, if the rate of some disease is 5 percent among men and 1 percent among women, does it make sense to find that the rate is 3 percent for a person of “average” sex?)...

**Peter A Ubel. Arch Intern Med 1998;158:209**

Despite consensus among most experts that health care costs need to be contained, there is great controversy about whether it is ever acceptable to ration health care. Part of this controversy results from disagreement about whether health care costs can be adequately contained by eliminating waste, rather than by rationing health care. Another part of this controversy, however, may arise from disagreement about what it means to ration health care. To the extent that is true, people may have similar views about what health care services ought to be offered to patients while vehemently disagreeing about the appropriateness of rationing...

The “R” word had stuck again. Rationing has taken on such negative connotations that few people think that the word can apply to justifiable actions. Many people think health care rationing, by definition, is unacceptable, raising questions about the usefulness of debating whether we ever need to ration health care. At the same time, a number of people argue that health care rationing is either inevitable or justifiable. Do people disagree on whether it is ever justifiable to withhold beneficial health care services from patients? Or do they simply disagree on whether withholding those services qualifies as health care rationing? In a highly controversial and important area such as health care rationing, it is crucial to be clear about what we mean by rationing...

The medical literature is filled with numerous casual and formal definitions of health care rationing. A sample will suffice to show the range of meanings people place on these words. Some state that health care rationing involves inequitable distribution of resources based on inability to pay. Others define rationing as “the equitable distribution of scarce resources”, as the “denial of commodities to those who have the money to buy them”, as “the deliberate and systematic denial of certain types of services, even when they are known to be beneficial, because they are deemed too expensive”, and as “any set of activities that determines who gets needed medical care when resources are insufficient to provide for all.

This confusing array of definitions reflects different notions of what constitutes health care rationing...