FACT: During a recent conference sponsored by The New York Academy of Medicine, one of the delivered papers noted that of the vast array of new medical technologies which have been introduced since 1940, many have significant social costs:

"Oral contraceptives have been a factor in what is known as the sexual revolution, and have profoundly affected our interpersonal relations. Psychopharmaceuticals have emptied mental hospitals, but it is not clear whether those discharged are being cared for. Amniocentesis raises significant ethical issues related to abortion. Automated laboratories have lowered per unit costs, but have made possible a rapidly growing use of laboratory services and an expenditure that reached an estimated $15 billion in 1975. Lastly, the availability of renal dialysis has led to a government program to assure it to all in need at an annual cost that will soon reach $1 billion." (David Banta, Clyde Behney, Dennis Andrulis, "Assessing Medical Technologies," Bulletin of the New York Academy of Medicine, 54(1):114. January, 1978)

COMMENTARY: What is the moral responsibility of hospitals and physicians in the equitable use of high medical technology? Certainly, because of limited resources difficult choices will have to be made in the allocation of such resources. But who decides? And by what criteria? These are difficult and complex questions. They are complex because the number of factors which must be considered, e.g., medical, legal, ethical, economic, political; they are difficult because some kind of discrimination seems inevitable.

Perhaps the easier point of entry is to determine safety and efficacy of the technology. Do the expected benefits outweigh the reasonably anticipated risks? The obligation to obtain a truly informed consent urges the user to make explicit the likely benefits and risks. Is a particular application an appropriate use? Although tonsillectomy for those less than 15 years old is the most common surgical procedure, "most experts agree that it would be done infrequently and only for certain indications." (Ibid., p. 115) Technologies which have proven themselves for certain situations may not be of use in particular cases—which may be large in number. An example of this is the overuse of clinical services which may be called upon as an expression of defensive medicine. (Ibid.) Pathologists in charge of clinical labs in military hospitals have observed that many tests were requested which would not be of use in the diagnosis or treatment of the patient.

Another factor which may influence the introduction of very expensive medical technology is the "keeping up with the Jones' syndrome" in place of moving towards the pooling and sharing of scarce resources. Hospitals have been known to add a piece of expensive technology so that they can maintain the appearance of being up-to-date, or so that physicians will not be tempted to send their patients to a "competing" hospital.

In response to the increasingly severe problem of the demands of distributive justice, and charity, regarding access to limited resources, there is a growing realization that increased cooperation and sharing among medical facilities will be first encouraged, then demanded, if voluntary efforts do not yield significant results.

Medical-Moral Dilemma:
(Continued from Page One)
and domineering does not preclude the possibility of discussing moral issues in a mature, dispassionate, and non-threatening fashion. (A more thorough discussion of this and related issues is contained in the forthcoming publication of the Pope John Center entitled Ethical Aspects of Antenatal Diagnosis and Genetic Counseling.)

GARY M. ATKINSON, Ph.D.