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(*Accepted 23 June 1981*)

Letter from . . . Chicago

Gang of ninety-five

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Earlier this year we watched the spectacle of five learned computers disagreeing by as much as one forty-thousands of a second on how to send off the spaceship Columbia into the stratosphere. But now that these "initialisation" difficulties have been overcome, the computers might have wept that there is no more space left to conquer, were it not for the prospect of diversifying into the health care business. In this they have the wholehearted support of Dr Lawrence Weed, who, having irreversibly confused past generations of young doctors and gullible professors with his problem-orientated medical records system, has now shifted focus to a computerised future.[1] Clearly expressing his priorities, Dr Weed finds himself wondering what might be "the best combination of systems, tools, and people for solving any health care problem in the context of the individual patient's life." Not that he might want to solve any of these problems *outside* the context of anyone's life, unless perhaps by extending his system to purgatory or to limbo, where virtuous pagans such as Homer and Moses or Socrates might be re-educated to present their data base in a more organised manner while awaiting admission to heavenly paradise.

Yet we are relieved to find that systems and computers come first in the Weed cosmogony and people last, thus solving the dilemma of "how to fit the physician into the overall scheme."[1] No longer will "any single provider need to maintain the illusion of being a total physician." Nor will students have to "sweep superficially through an enormous amount of material and memorisation." To the distress of none but professional curriculum revisers, "training for the many tasks of medicine need not be extensive."[1] Housewives or robots or retrained unemployed workers will learn to look into ears and eyes and pancreatic ducts, but always within the context of a single individual. Armed with "up-to-date maps for all travellers through the health-care landscape," these tourists will carry corrective feedback loops around their necks and refer only puzzling cases to the five computers. Strict auditing systems should monitor computer morality, remembering the excesses of that lusty old computer whose programmatic tapes indiscriminately impregnated sheeps, goats, and unsuspecting virgins.[2] For the age of chivalry is dead, and computers are no more to be trusted than planners or politicians.

Bulls to be gored

Yet President Reagan, recovering from the attempt on his life, remains popular. Indeed, there is something remarkable about this 70-year-old man setting about to restore the standing of the presidency and the credibility of his country, and actually carrying out the promises he made during his campaign. Even more remarkable, in a system where the executive requires much skill to get the legislature's co-operation, is Mr Reagan's apparent ability to put his programmes into effect. Not that supply-side economics will necessarily restrain inflation, increase productivity, or reduce unemployment. But many think that the old remedies have failed and that new approaches are worth trying.

In May Mr Reagan achieved quite a triumph in having Congress approve a $36-billion spending cut for fiscal year 1982, thus reversing a decade-long pattern of ever-increasing government spending. Nobody really expected trouble in the Senate, but the 253 to 176 vote in the House, obtained with the help of conservative Democrats, was a considerable achievement. The details have now been sent back to the congressional subcommittees, which must decide where to make the mandated cuts, while the full House meanwhile must address the President's proposals for reducing taxes. Most of the cuts approved by the May vote will affect social programmes such as food stamps, school lunches, aid to handicapped children, environmental programmes, transport, welfare, and various benefits and subsides. Major changes will also take place in the financing of health care, where some $4 billion will be cut.

And so, weather permitting and with the blessing of the Congressional subcommittees, to paraphrase the traditional posters announcing the ritual slaughter of six strong Andalusian

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bulls, we shall see the demise or de-escalation of much fatuous busywork. High on the casualty list stands the Professional Standards Review Organisation, established in 1972 as a network of peer-review bodies to monitor the cost and quality of medical care under Medicaid and Medicare. This placed the responsibility of review in the hands of the medical profession, so that if PSRO disapproved of a particular service the Government would withhold reimbursement. Over the years, however, these networks were quite unable to decrease the duration of stay in hospital or the number of tests ordered. Under the new proposals, PSRO will have its budget slashed from $175m in 1980 to $67m by 1983, to be phased out soon thereafter.

Also affected are the 205 health systems agencies set up by the 1974 Health Planning Act to reduce costs, set standards, review the appropriateness of existing facilities, and consider applications for expansion, modernisation, construction, or conversion of health facilities. Often ineffective and frequently controversial, with boards dominated by naive do-gooders or angry anti-doctor "consumers," these agencies succeeded mainly in achieving notoriety on such issues as "rationalising" the distribution of CT-scanners. Under the new proposals the budget for planning will be cut from $117m to a mere $2m in 1983, a change less distressing to the practising doctors, who can, than to those who can't and therefore plan.

Other bulls to be gored include an agency for assessing emerging technologies, the health training funds, the public health hospitals, and the health service corps for medically deprived areas. The Veterans Administration, a sacred cow not particularly reputed for its efficiency, is also in for some blood letting. The Government plans to reduce aid to medical schools and students further; there will be less money for science, reflected in a reduced budget for the National Institutes of Health; and the heavily subsidised health maintenance organisations (prepaid medical plans) will have to prove their worth without the encumbrance of Federal support.

Perhaps the earliest noticeable change will be in the welfare (Medicaid) programmes, hitherto operated by the States with matching Federal funds but circumscribed by a multitude of regulations and conditions. Acting in accordance with its avowed policies, the administration plans to cut spending for Medicaid by about $1 billion and give the States "block grants," allowing them to decide on how best to spend the money. Already several States are reforming what has been one of the most abused programmes of the Great Society. In Illinois the State has ordered sweeping changes, including a co-payment fee for prescriptions and doctor visits, elimination of coverage for certain services, and a reimbursement cap for certain operations and for inpatient daily rates; and as of June the State is no longer paying for symptomatic or "over-the-counter" medicines such as creams, vitamins, purgatives, antihistamines, and cough syrups, now given away in large quantities at the expense of the taxpayers. Medicaid will also reduce payments to hospital emergency rooms for "non-emergency" visits, hoping to encourage patients to go to doctors' offices. Other States are looking into mandated prepaid plans, limits on expenditures by hospitals, second-opinion programmes, and even restrictions on the choice of doctors. Many of these changes are long overdue yet cannot be made painlessly and may bring some hardship to the needy, though only time will tell what the real impact will be. Already we read that poor people will be forced to choose between buying milk and paying to see a doctor, and some hospitals in the inner cities could be seriously affected and may even have to close, thus increasing the load on the already overburdened and underfunded municipal hospitals.

One of the most difficult problems, for any administration, is the ailing and poorly run social security programme, which forces workers to pay increasingly large sums to secure a carefree retirement and protection against unemployment. The system has grown beyond manageable limits and has become largely a welfare programme that transfers money from one generation to another, making it a dubious investment that could be eaten up by inflation. It has also been criticised for its inequities in providing benefits, so that it exploits the poor workers and robs the rich, as well as providing welfare payments to affluent pensioners. Despite repeated increases in required contributions, Social Security is always in trouble, paying out more than it takes in, because benefits are indexed to the cost of living whereas contributions depend on productivity. Even more ominous is the long-term prognosis, because of lower birth rates, earlier retirement, and a rising retired population because of longer life spans, so that the ratio of workers to beneficiaries is constantly decreasing, from 17:1 in 1950 to 3:1 in 1970, and the trend is expected to accelerate, with total disaster striking when the second world war babies begin to retire in about 20 years. Solutions are difficult to find, the choice lying between cutting back benefits or raising taxes, both politically unpalatable alternatives. In May the Reagan Administration proposed to increase the retirement age and reduce payment for those retiring early, but the Senate voted down these proposals by 96 to 0, calling them precipitous and unfair. Even more elusive are the long-term solutions. Suggestions include separating the welfare and insurance functions of the programme, the former being regarded as a proper government function, whereas old age insurance could take the form of government-approved private insurance schemes, offering retirement payments, disability protection, and health insurance, with benefits related to the worker's previous contributions.

Cutting red tape

The Government is also trying to cut down on government regulations and bureaucracy. In February the President sent an order delaying the effective dates of all regulations, requiring that none be issued for the next 60 days. Later the bureaucrats were directed to stop sending audiovisual aids, calendars, magazines, and booklets, pending a review of their usefulness. Taxpayers were also asked to inform the Office of Management and Budget of wasteful activities by sending samples to "Flicks and Flacks, Washington, DC." In a related move the vice-president was appointed to head a task force to review the activities of all regulatory agencies. One would hope that this would include the Food and Drug Administration and its methods of forever delaying the introduction of new drugs on the American market.

Yet it is utopian to imagine that this is the end of bureaucracy. Are we to have no more regulations? Will there be no more meetings? No more memoranda? Shall we be telling our grandchildren of the computer age that planning is dead? Shall we look back on the time when every government agency had its own Gang of One Hundred Administrators, spending all their time in meetings so that you could never find them when you needed them most, while their semiliterate secretaries typed away with gusto, churning out enough memos to overwhelm the combined capabilities of our filing cabinets and rapid-deployment waste-paper baskets? Shall we reveal the secret that most agencies can run just as well with five bureaucrats as with a hundred? For there remains the worry of what to do with an unhappy Gang of Ninety-five, unemployed and unfit for any work heavier than moving paper weights. Yet it would be most unkind to wish they all went to the devil, for "tis a long journey to send a few miserables; and they have had sufferings enough"[3] just scribbling away all day and reading each other memos. Besides, the managerial landscape is much more complicated in this age of computer-activated feed back loops, so that assuredly the Gang of Ninety-five will survive, one way or another.

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