

Quality vs quantity essay



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I have seen it in my professional life, the feeling of relief when the sick person ' makes it' through the present threat of death. When the incident is over and we can breathe again, what condition is your loved one in? If it is not better than before the crisis, do you still tell yourself she will get better soon? When a person is at the end of life, a good clue that her dying may really be happening is to look at her level of functioning today vs. a month ago, 3 months ago, and 6 months ago. If it is continuing to decline, it may be she really is dying.

When it is someone you love you don't want to see them suffer. As the illness goes on and the agony of the crises, hospital visits, treatments, body/emotional/mental/spiritual suffering continues, what has been your experience with doctors, hospitals, friends and family? Is anyone listening to the person who is ill? Is anyone telling her the truth about what is happening? Do you have a gnawing gut knowing she is really dying? Has someone had a heart to heart with her to see what she really feels? I believe People know when they are dying.

The medical piece is this: is anyone on the team having clear, frank discussions about death? Or are they saying dying or terminal pretty fast and then talking at length about all of the life prolonging treatments...and then not discussing the life-limiting effects of those treatments? The biggest complaint among us in the medical profession is there is not enough time to educate. If there is not enough time to fully educate about the illness and the treatments, there certainly is not enough time to talk in depth about the ramifications of the treatments. (saving vs. prolonging life 01/25/09)

Health care costs have grown at record rates in the last decade, driven in part by the cost of new medical interventions. New and expensive cancer treatments typify this growth, with some experts estimating that chemotherapy spending increased at a rate of 15% per year over the past 15 years. In an effort to control health care costs, the US government is investing more than \$1 billion in comparative effectiveness research, under the assumption that better information about the relative costs and benefits of medical interventions will improve health care decision making.

JCO Jul 10, . 2010: 3212-3214; published online on May 24, 2010.) How should physicians interpret the value of a drug that costs as much as the current standard of care but only improves a patient's quality of life, not survival? What relative value do physicians place on quality-enhancing v. life-prolonging therapies. The high price of cancer care is increasingly on the minds of patients, physicians, and US taxpayers.

Medicare costs are projected to grow at unprecedented levels over the next few decades, consuming 24% of all tax revenue by 2030—up from 11% today Patient share of costs is increasing, both for Medicare enrollees as well as those who are privately insured, though there is tremendous variation across plans. (JCO Jul 10, . 2010: 3212-3214; published online on May 24, 2010.) Cancer is the second most common cause of death in the United States, according to the American Cancer Society, exceeded only by heart disease. Thirty years ago, half of the Americans diagnosed with cancer died from the disease within five years.

Today, the five-year survival rate is up to 65 percent, credited to advances in diagnosing cancers at an earlier stage and the development of more effective treatments. cancer drug may be considered effective if it extends a person's life (survival). increases the probability that a person will remain alive without the disease getting worse (progression-free survival). shrinks the tumor (response rate), or relieves other symptoms. In short, FDA cancer drug reviewers ask, " Does the drug prolong life, control the disease, or relieve symptoms And does the scientific evidence support it?

These benefits are weighed against the risks of the drug. No drug is absolutely safe—all have some risks, or potential side effects. " Safe" means that the benefits of the drug outweigh the risks for its intended use in the population the drug is intended to treat. Cancer drugs often contain potent ingredients that kill cancer cells. They kill the cancer cells, but at the same time, they kill healthy cells. " The death of rapidly dividing healthy cells weakens the body's immune system, putting a person at risk for infections and other health problems.

Yet highly toxic effects may be considered acceptable if the benefits are important and the disease is very serious or life-threatening. With cancer drugs, you accept more toxicity in general than for drugs that are for non-lethal illnesses,, since the effects of cancer can be more damaging than the treatments, and cancer drugs may extend or save lives. Back to the same question is the risk of taking the medication that may or may not cure you disease, Do you use the drugs and have your quality of life decreased by your life is prolonged for a period of time