

---

## Letter from Chicago

---

### Joe Doe's new year

George Dunea

On New Year's Day, Mr Doe wards off atherosclerosis with a can of light beer and receives mixed signals from his television crystal ball. The economy has slid into a recession, corporate profits are down, Christmas sales were depressed this year, the foreigners are buying up the country, more hospitals are being sold or forced to close down. The good news is that there should be plenty of jobs available in the '90s, a labour shortage rather than unemployment. This is because the end of the postwar 1945-65 baby boom will result in fewer young people entering the labour market. Accordingly, corporations may have to become more competitive and make working conditions more attractive, even giving employees more of a stake and say in the business. They may have to entice Mary Doe to come to work, which will require better childcare arrangements. More immigrants may have to be allowed to come in. The present trend of people retiring early may have to be reversed, and Joe Doe may find himself working longer than he anticipated.

But will he also live longer? Here opinions vary. Already the mean life expectancy—72 years for men and 79 years for women—has been extended by some 25 years since 1900. Recently a scientist captured the headlines by announcing we could live to 160 years, thus making octogenarians merely middle aged. We would, however, have to take in fewer calories and live like devout Mormons: abstaining from alcohol, tobacco, and coffee, getting more sleep, and taking more exercise. But others set the mean achievable limit at 85 years, arguing that eliminating cancer and heart disease would still not arrest the natural degeneration of the body. None the less, more octogenarians are now working than ever, though an increased tendency to fatigue often requires some modification of their life-style.

But the young also get tired, some excessively so. And in recent months there has been much interest in the syndrome often dubbed "yuppie flu," typically affecting professional women in their 30s who suffer from total overwhelming exhaustion. Some are so weak that they cannot work, and a few can hardly move. Yet sceptics have questioned the existence of an actual disease, suggesting this merely represents an end of a continuum (as with hypertension) of various degrees of fatigue. Some believe that the disease is psychological and that about half of the sufferers are depressed

Against this, however, is the occasional flu-like prodrome, muscle aches, and low grade fever. It may also be that this disease (if indeed it be one) is not new, similar outbreaks apparently having occurred in the past 60 years in California, Britain, Iceland, and Australia. Viruses are the prime suspects, especially Epstein-Barr and retroviruses such as HTLV-II, and a derangement of the CD8 type of T cells has been postulated. To clarify this matter the Centers for Disease Control are launching an investigation, planning to study the immunologic markers distinguishing sufferers from this disputed disease from controls.

\* \* \*

Another dispute, drawn out over most of 1990, ended with Joe Doe having to pay higher taxes next year, as Congress and the administration finally worked out a five year deficit reduction package. They raised income taxes (top marginal brackets to 31%), eliminated deductions, and taxed tobacco, alcohol, air travel, and luxury items. Although the president was criticised for flip-flopping and at last giving in on taxes, it was noted that he did not leave the negotiating table empty handed. Hidden in the pages of the voluminous document were provisions taking the president closer to a line item veto than Mr Reagan had ever been. For the next three years the agreement imposes three separate ceilings—for defence, foreign aid, and domestic programmes. If Congress were to exceed these ceilings it would trigger off automatic spending cuts within that category, meaning that new programmes will have to pay for themselves by increased revenues or by cuts elsewhere. Gone for a while, at least, will be the debate of guns versus butter or the romance of a peace dividend, and the White House will have the ultimate power to arbitrate in which category an anticipated expenditure would fall.

For medicine the new budget could mean trouble. It projects cuts in Medicare of \$32 billion to doctors and hospitals over the next five years. Premiums and deductibles will rise, payments for certain procedures will be frozen, and for 36 procedures deemed to be "overvalued" reimbursement will be cut in 1991. These procedures include various cardiac interventions as well as appendectomy, cholecystectomy, hernia repair, hysterectomy, cataract removal, colonoscopy,

Cook County Hospital,  
Chicago, Illinois  
George Dunea, FRCP,  
attending physician

BMJ 1991 302 283 4

and operations on the breast, eye, ear, knees, prostate, and spinal cord. The government also wants to stop paying doctors for interpreting routine electrocardiograms, arguing that paying for an office visit and for taking the tracing should suffice. But it will pay more for primary care office visits, a move interpreted by some as intended to split the unity of the medical profession and portending even more cuts.

Yet a recent series in *JAMA* suggests that cuts don't always hurt. In a four-year evaluation of the diagnosis-based prospective payment system to hospitals, California investigators studied the outcome of heart failure, myocardial infarction, stroke, pneumonia, and hip fracture. Comparing what was done in 1981 and in 1986, they concluded that care from doctors and nurses was better and that mortality decreased somewhat. This occurred despite a shortening of the mean hospital stay from 10 to 8.5 days, and even though—in keeping with declining admission rates and increased emphasis on outpatient care—the patients, especially those

with pneumonia, were sicker in the later period. An increased tendency to send patients home in an unstable condition was taken as indicating a need for better home and nursing home follow-up care.

Needless to say, the health administrators were encouraged by these findings and also by a Michigan study showing that shortening the stay of patients with fractured hips by 24-35% did not increase mortality. More devastating to the public image, however, is a clause in the new budget that no longer allows Mary Doe to deduct the cost of cosmetic surgery from her income taxes. Various procedures costing \$2000-5000 will become non-deductible unless done for a specific medical indication. Eyelid surgery would qualify only if done for obstructed vision, nose reshaping only for breathing problems, breast reduction to alleviate back problems, and face lift to restore lost function after a stroke. Liposuction, removing baggy eyelids or crow's feet, and breast enlargement will mostly be non-deductible, being regarded as luxury items.