

Disclosure Pertinent to

“The Practice and Potential of Medicine”

- Practicing Oncologist 47yrs
- Basic and clinical researcher
- Academic leader
 - Dean of Medicine U of Chicago
 - Physician in Chief Memorial Sloan-Kettering
 - Prof and Chair Radiation Oncology Harvard
- Worked in NHS in 1965

Disclosure Pertinent to

“The Practice and Potential of Medicine”

- Industrial Activities
 - Development of cancer treatment devices
 - Varian Medical Systems - BOD
 - InSightec - BOD
 - Targeted drug delivery using virus vectors
 - GenVec - SAB
 - Bringing academic medicine to community
 - Vantage Oncology - BOD

“The Practice and Potential of Medicine”

- Cancer - most curable of the serious chronic diseases
- In my career 5yr survival improved from 33% to >55%. Good but “halfway technology” thus continued search for improvement and no real “standard of care”
- Country committed to improving cancer care - National Cancer Act 1971

“The Practice and Potential of Medicine”

- Hurdles in development and implementation
 - Expense
 - Research - basic and clinical
 - Regulatory process
 - Pricing
 - Payer approval and delay
 - Physician behavior
 - Training
 - Continuing medical education
 - Financial motivation
 - Personal care v guidelines

“The Practice and Potential of Medicine”

- Ripped from the headlines!
 - NY Times Tuesday Dec 12, 2006
 - Performance based bonus in Medicare - front page
 - Nostalgic view of individual patient care based management dependent on clinical wisdom derived from experience as well as “evidence based medicine”. “The Doctors World” L. K. Altman MD - front page of science section.

“The Practice and Potential of Medicine”

- Half-way treatments very expensive. Think of current rx of cardiovascular disease, kidney failure and cancer.
- Two daughters of Aesculapius
 - Hygeia and Panacea
 - Both cheap dates but support for Hygeia reduces the needs of Panacea
 - Utilitarianism is appropriate philosophy for Hygeia but Panacea requires a deontological approach

“The Practice and Potential of Medicine”

- Goals different for different interested parties
 - Payer concerned with total cost to plan. Costs measured in expenditures.
 - Patient concerned with likelihood of returning as closely as possible to the pre-diseased state with as little treatment induced morbidity. Costs measured in morbidity as well as survival. Largely protected from financial costs of care.
 - Public concerned with overall economic and health benefit of disease prevention and treatment. May be willing to favor more expensive management of individual patient for better quality.