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Developing countries face 'leading medical scourge of developed countries'

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Chronic illness, already a major and expensive problem in developed countries, is rapidly increasing in developing countries, adding to the longstanding burden caused by high rates of infectious diseases. However, poor countries will not be able to afford the costly medical technologies that wealthy countries use to treat chronic conditions, including heart disease, stroke, cancer, pulmonary disease, and diabetes, writes Daniel Callahan, cofounder of The Hastings Center.

Callahan examines this trend and concludes that it calls for a new, more economically sustainable model of medicine, which he proposes in an article in the *Brown Journal of World Affairs*.

The causes of the increase in chronic disease in developing countries are changing diets, particularly an increase in meat and processed food consumption, alcohol consumption, smoking, and less physical activity. But chronic illness in these areas has some distinctive characteristics. For one, it is common to find obesity – a major contributor to chronic disease – and malnutrition in the same families. And chronic illness typically begins about a decade earlier than in developed countries.

"The emergence of chronic disease in developing countries is a 'turning point' because they are facing a confrontation with the same kinds of economic pressures that now bedevil developed countries," Callahan writes. But addressing this problem will be even more difficult for the developing countries because of increasing inequities, such as poor access to health care, poverty and economic insecurity, and lack of

educational opportunities.

"Chronic disease will only add to the existing inequities," he writes. "Chronic disease treatment is usually expensive, and the rich in poor countries are likely to have better access to it."

Callahan challenges the conventional health policy approach to chronic illness pursued in wealthy countries and particularly in the United States, which assumes that it is simply a matter of finding better ways of organizing and managing health care. Totally neglected is the model of medicine underlying that care. "That model values unlimited medical research and technological innovation: there is no such thing as enough health or medical progress. More, always more," says Callahan. "But it is just that model that driving up health costs here and all the less helpful to poor countries. It is the goals of medicine itself that most needs reform."

He proposes a new set of goals for medicine, applicable to both rich and poor countries, which he calls "sustainable medicine." It is a) affordable for a country in the long run; b) no longer open-ended in its life-extending aspirations, aiming instead for a limited but acceptable population-based average length of life; c) able to keep annual health care costs at the level of the country's annual gross domestic product growth, and d) can be equitably distributed.

"Nothing less than a revolution, one that overthrows the tyranny of an economically and socially unsustainable model of medicine based on a vision of endless progress and technological innovation, is increasingly needed," Callahan concludes. "It will seek to institute a more modest vision, one that accepts the inherent finitude of human life. It will not allow health care to trump all other human goods."

Provided by The Hastings Center