WASHINGTON PERSPECTIVE

New twists in health-reform politics

Yes, health care reform remains vibrantly alive, despite the deepening Whitewater woes of the President and his wife.

In fact, a political disconnect exists between the goal of universal health insurance and its beleaguered champions in the White House. Their Democratic party colleagues worry about the present-day effects of the Clintons' long-ago misadventures in Arkansas real estate. As a result proximity to the First Couple has lost much appeal. But because of the Clintons, the issue of health reform has evolved, moving from whether it should be enacted to how and at what pace and cost the federal government should establish universal coverage. After this lengthy period of nurturing, health reform has acquired its own political vitality on Capitol Hill, where the final verdict will be made.

Though the Clintons continuously campaign around the country to build popular support for their recipe for reform, Congress is wary about the financial means and timing, but not about the ultimate goal of coverage for all. The first skirmish on Capitol Hill took place on March 23, when the health subcommittee of the tax-writing House Ways and Means Committee approved a truncated version of the Clinton plan by a 6-5 vote. With the full Ways and Means committee and four or five other commitees in the House and Senate yet to vote their preferences, the opening round does not foretell the ultimate outcome. But the version approved by the subcommittee did yield to the most widely held criticisms of the Clinton plan—its mandates for all employers to pay most of the costs of insurance for their workers and the establishment of state-run health-care "alliances" to function as purchasing agents for the insured.

Since the alliances were to be the bargaining muscle for the Clintons' basic goal of "managed competition", their omission from health-reform legislation would indeed be a major strategic change. But, remember, it is still early in the congressional game. The Ways and Means subcommittee bill would encourage but not require the alliances, and would reduce the insurance burden for small employers. Also included were other departures from the Clinton bill. But universal coverage—the core of the President's plan—survived.

Though the President has at various times described his legislation as a carefully crafted assemblage of interacting parts, he greeted the subcommittee's pruned version with seeming cheer. "Certainly, if it were to be enacted by the US Congress", he said, "I would sign it because it meets the fundamental criteria I laid out of covering all Americans with health care".

Bound by cumbersome procedures that favour stalemate, Congress might end up doing nothing about universal health insurance in the six months that remain before the fall election campaign takes over the political agenda. The polls, however, show strong popular support for secure universal coverage. Even Republicans eager for thwarting Clinton now seem to recognise that the health-care issue transcends partisan politics and that there is danger in obstructionism. After a brief period of unrewarding experimentation, the top Senate Republican, Bob Dole, and several like-minded comrades in arms have backed away from the theme that there are problems but no crisis to be dealt with in health care. Their more moderate colleagues on the minority side, led by Senator John Chafee, of Rhode Island, say a good health-care plan, rather than thwarting Bill Clinton, is the proper goal.

The President successfully planted the health issue on Capitol Hilll. He will surely sign whatever emerges and take credit for it, even if, as now appears likely, the outcome is a shadow of his original plan. Congress will be back next week from its Easter recess and then begins a heavy schedule of hearings and legislative drafting.

Daniel S Greenberg

Australian health-care policy changes

A meeting of all federal, state, and territory health ministers in Perth last week has produced some of the more significant changes in health policy. Debate over health policy in Australia tends to get stuck on questions of health insurance, but the meeting of the Australian Health Ministers Council (AHMC) broadened the agenda.

Top of the list was the issue of the medical workforce. A controversial report from the Victorian Health Department, which criticised the huge incomes specialists earned through restrictive trade practices, stirred emotion early in the meeting. The report admitted that the workforce issues it attempted to address have been around for years—including a shortage of rural doctors, shortages of psychiatrists and some procedural specialists in public hospitals, rapid growth in the number of urban general practitioners, the perception that more doctors are not improving health status, and a shortage of some specialists due to college restrictions on entry to training positions. But this publication took a different approach.

The Victorian paper argued that the notion of supplier-induced demand, which is accepted widely by health economists, is wrong. It said the growth in medical services was driven by consumer demand, rather than by doctor cupidity, and argued that national health insurance, by reducing the patient's contribution for medical services to zero or minimal, encouraged catering for wants rather than needs.

The Victorian paper's recommendation that several colleges be referred to the Trades Practice Commission for investigation of restrictive practices was dropped, but most of its other recommendations were accepted by the AHMC. Colleges will be encouraged to increase training numbers and, to ensure that the colleges do not rely on their usual cry of "no money", extra funds will be made available. The number of medical students will be reduced, as will the availability of Australian residency for overseas-born doctors educated in Australia. The course of a relative-value study, slowly being established, will be hastened.

The other main policy challenge of importance came from the New South Wales (NSW) Minister for Health, Ron Phillips, who submitted a draft national health policy (see *Lancet* 1993; **341:** 1206). The focus of this policy is to monitor and improve health outcomes. For example, Phillips wants best practice guidelines to be developed and implemented for the 28 most common illnesses. Hospitals will come under close scrutiny, with the development of performance indicators for age and case-mix adjusted mortality rates, unplanned hospital readmission rates, wound-infection rates,

waiting times, patient-satisfaction levels, immunisation rates, and screening rates. The draft policy says these should be published by the year 2000.

The draft policy, which was received well and will be circulated widely for comment, also reiterated the federal government's stated goal of improving the proportion of gross domestic product devoted to medical research from 1·4% to 2%. It also argues that at least 60% of all public health resources be spent in the community, rather than in institutions. This will require a significant pull of funds away from institutions already in decline. It will also require public disquiet over continuing deinstitutionalisation of psychiatric care to be either dispelled or ignored.

An important feature of the draft policy lies in one of the opening paragraphs. It says: "The formulation of a comprehensive health policy for Australia begins to state what the Australian health care system plans to achieve and what health gain Australians could expect. It sets limits as well as creating a positive vision for the future". The public propagation of the idea that there are limits to health care is unusual for a politician.

But as the week progressed, the focus switched rapidly from policy to personality. Senator Graham Richardson announced his retirement as health minister and from parliament, which immediately places in doubt his push to increase the Medicare levy (see *Lancet* March 19, p 723). He has been replaced by Dr Carmen Lawrence, formerly the premier of Western Australia. At a time when many Australians have lost respect for politicians because of their viciousness and personality-oriented pettiness, Lawrence is respected for her appearance of calm. However, she is inexperienced in federal politics, having been elected only in mid-March and going straight into Cabinet. Her ability to manage policy in a difficult area has not been tested.

Mark Ragg

Cuban neuropathy

Preliminary data suggests that nutritional deficiencies played a role in the epidemic of optic and peripheral neuropathy that struck more than 50 000 Cubans over the past two years, Cuban health officials reported in March 18 issue of *MMWR*.[1]

The first known cases in Cuba appeared in mid-1991 among residents of the island's westernmost province Pinar del Rio. Most of the early cases were adult men with an optic neuropathy who used tobacco and alcohol, and the disorder was initially diagnosed as a tobacco-alcohol amblyopia. By the end of 1992, nearly 500 cases of neuropathy had been reported, including cases in which peripheral neuropathic symptoms predominated. In 1993, the Ministry of Public Health of Cuba (MINSAP) led a nationwide surveillance effort which identified 50 862 cases, 52% of whom had the optic form and 48% of whom had only peripheral signs and symptoms. The national cumulative incidence among the 10 million people living on the island was 461·4 per 100 000 people.

According to the article, case-control studies suggest that "risk for illness was associated with tobacco smoking, lower body mass index, and a lower intake of animal protein, fat, and foods that contain B-vitamins". Sural nerve biopsies found signs consistent with a "noninflammatory axonal neuropathy consistent with a nutritional, metabolic, or toxic etiology".

Cuba's economy has been hard hit by the loss of trade and support from its former allies in eastern Europe and the former Soviet Union. Meat, dairy products, and even such staples as rice and beans are in short supply. Early in the epidemic, health officials suspected that a dietary deficiency could be a cause for the neuropathies and vitamin therapy was begun. Patients who were treated with parenteral B-complex vitamins had part-to-complete recovery, and after a national vitamin supplementation programme was instituted in early 1993, the number of cases has fallen, the report said.

Dr Rossanne Philen, a medical epidemiologist with the US Centers for Disease Control and Prevention, which worked with the Cuban investigators, said that although diet seems to have played a part in the epidemic, other factors may also be involved. Current investigations are looking into the possibility of particular dietary practices such as the consumption of cassava, which when it is metabolised releases cyanide that can cause toxic effects in people with certain vitamin and protein deficiencies; occupational exposures, such as exposures to pesticides; and possible underlying mitochondrial DNA abnormalities, Philen said.

Michael McCarthy

1 Ministry of Public Health of Cuba. Epidemic neuropathy—Cuba, 1991–1994. *MMWR* 1994; **43:** 183–92.

US contraceptive prices too high?

US Surgeon General Dr Jocelyn Elders told a US House of Representatives subcommittee that the prices set for the long-acting contraceptives Norplant and Depo-Provera are out of the reach of most poor working women who do not qualify for government-funded health-care programmes for the indigent.

Elders said the charge for the insertion of Norplant, a subcutaneous levonorgestrel implant distributed in the US by Wyeth-Ayerst, can top US$700, while Depo-Provera, injectable medroxyprogesterone acetate (Upjohn), which provides contraception for three months, costs US$30 an injection, a price that does not cover the charge of administration.

"Women on each end of the income scale, those eligible for Medicaid and the affluent, can get these products, but there is a huge gap in the availability for those women in the lower/middle income brackets, those we often call the working poor", Elders said. She urged the drug companies to reduce prices and to give special discounts to non-profit and public-sector health providers. With 57% of all births in the country considered unplanned or unwanted, the country needed to ensure that the most highly effective methods of contraception were not beyond the means of the majority of American women, she added.

Michael McCarthy

Total ban on dumping hazardous waste

Of all the evils that men do, few last longer than hazardous waste. If the radioactive category tops the list of pernicious substances being stashed away for our descendants to deal with as best they can, such waste must come a close second. Even Greenpeace, an organisation hardly given to fulsome acclaim, has greeted the adoption by international consensus of a total ban—from January, 1998—on exports of this waste as "a striking victory for global environmental justice".

The agreement came after a week-long meeting in Geneva of delegates from the 64 countries that have signed the 1989 Basle convention on control of transboundary movements of hazardous wastes and their disposal. "The loophole of exporting waste under the guise of recycling will be eliminated", said Greenpeace's Kevin Stairs, referring to the clause in the convention through which the wealthy OECD nations have been able to ship waste legally to non-OECD countries as long as it is ostensibly for "recycling"—rather than being disposed of anyhow—by the recipient in return for financial inducements. Although some will be deprived of the substantial payments associated with "recycling", developing countries in the Group of 77, led by Sri Lanka, pushed solidly for a total ban. Denmark, now assured of the EU Environment Agency being sited in Copenhagen, took a leading role in the regulations.

Alan McGregor