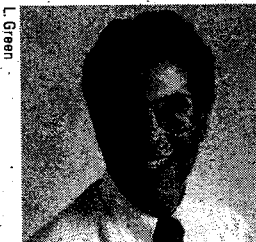




Risk in Perspective

The Human and Economic Costs of AIDS Therapies

"Gains in survival involve an explicit trade of cost and quality of well-being in exchange for quantity of life."



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The care of patients with HIV and AIDS presents the medical profession and the public with a tangled web of competing obligations to prolong survival, to improve quality of life, to contain costs, and to promote equity. Often, there is an irreconcilable conflict between the clinician's duty to do what is best for the patient and the public policy maker's obligation to promote the collective safety and well being.

This issue of Risk in Perspective explores some fundamental questions of scarce resource allocation and priority setting in the health sector against a backdrop of AIDS and HIV illness.

Improved Survival, Increased Cost

AIDS statistics paint the picture of an epidemiological, social, and economic disaster. According to the Centers for Disease Control and Prevention, there have now been over 440,000 AIDS cases reported in the United States. In addition, an estimated 1 million Americans are believed to be infected with HIV.

In the face of this tragedy, there is some good news. Mounting evidence suggests that survival is improving in people with HIV. From 1985 to the present, the median survival time from AIDS diagnosis is estimated to have risen from 11 to 30 months. Progress is generally attributed to earlier detection of disease, more comprehensive and effective clinical care, drug therapies (such as AZT) that slow the deterioration of the human immune system, and medications that prevent and treat the major opportunistic infections that take advantage of the body's weakened defenses.

Improved survival fuels the hope that HIV illness may one day be treated as a persistent, chronic condition. Yet, the gains that have been made to date in reducing AIDS-related morbidity and mortality come at a price. Most experts agree that the lifetime direct medical costs of HIV illness and AIDS have grown more than 50% in real terms since 1985. Moreover, existing therapies are generally associated with serious medical side-effects and toxicities. Gains in survival, there-

fore, involve an explicit trade of cost and quality of well-being in exchange for quantity of life.

Progress in reducing AIDS-related morbidity and mortality imposes another, less obvious burden: increased exposure to "competing" risks. As patients live longer with more advanced immune dysfunction, previously rare opportunistic infections are becoming more common. For example, the success of prophylaxis and therapy in controlling *Pneumocystis carinii* pneumonia incidence and death means that many more patients are now progressing to *Mycobacterium avium* complex, *cytomegalovirus*, *toxoplasmosis*, and fungal infections than ever before. These end-stage complications generally carry with them seriously increased levels of discomfort, disability, as well as economic cost.

The policy dilemma is clear. Preventing the early symptoms of AIDS buys marginal improvements in life expectancy while exposing patients and society to a host of potentially painful and expensive downstream consequences. At a time of serious budgetary compressions and continuing spread of infection nationwide, it is important to ask whether the benefits of AIDS therapies justify the many alternative, life-prolonging opportunities forgone.

Irreconcilable Differences

The question of priority setting and resource allocation among competing AIDS interventions boils down to a tragic choice that pits the interests of the individual against those of the general population. At the heart of the dilemma is an irreconcilable tension between two deeply rooted human convictions.

Pulling us in one direction is the ethical sense of duty to the identified life in peril, a conviction that has been labeled the "Rule of Rescue." It is a natural human predisposition to focus on highly visible individuals in danger, even when actions to rescue them risk the potential loss of a greater number of unseen, "statistical" lives. This inclination is what drives us to spend tens of

