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The Right Answer Is Cost-Effective

In my undergraduate quantitative chemical analysis course, I was required to analyze samples to determine the precise quantity of various trace elements to five decimal places. While this exercise was challenging enough, the degree of difficulty was augmented by the practice of distributing a limited amount of the sample. If a student was uneconomical in his or her use of the distributed sample, or perhaps wanted to perform multiple analyses to be certain of the result, he or she was told that the practice of limiting the available sample was realistic, since in "real-life" situations resources and samples are limited. It was important that we learn to be economical as well as accurate in the use of resources and be prepared to make important decisions with limited information. This would be good preparation for medical practice.

Certainly, this lesson is appropriate in the real world of hospital medicine. There is always a finite, and therefore limited, amount of plasma, tissue or other source of a sample. There is a limited amount of operating room time and a limited number of beds available to admit patients. In nuclear medicine, there are limitations on the amount of a radiopharmaceutical available; there are a limited number of technologist hours and instrument time; and there is a limited amount of information in a scan. And like the successful undergraduate chemistry student, the successful physician assesses the situation and uses these limited pieces of information to maximum advantage. This is sound medical practice.

In recent years, there have been further restrictions on resources of all kinds. Although the fraction and total amount of the gross national product spent on health care increases regularly, demand always exceeds supply. Looking ahead, it appears that prudent management of resources will continue to be necessary.

What is the meaning of this for a physician in a high-tech specialty like nuclear medicine? Although I have already extolled the practice of economy in the use of resources, it is my observation that concerns about cost or risk frequently go too far. Physicians from all specialties cut procedures in the name of cost-effectiveness, economy or whatever the buzzword of the moment happens to be. Often, these procedures would have led to the correct diagnosis. At other times, the procedure would only confirm the clinical impression. And what about the instances when it does not, when an exception to the clinical impression, even by the most wise, is identified?

Too often, even before an analysis of the relative merit of a diagnostic procedure is completed, it is discarded because of concern about the cost. It is difficult enough to arrive at the correct diagnosis, or to select the best procedure or procedures (yes, it may be necessary to do both a nuclear procedure and an MRI or CT scan), to perform them properly and to interpret them correctly. But even before this assessment is completed, too often the procedure is cast aside in the name of the elusive goal of cost savings.

We all will be tested in the years ahead. Despite all of the pressures to economize that physicians face, it is necessary that we continue to stress the importance of first assessing what is best for the patient, thus clearly identifying the "benefit" that is as essential as the more easily determined "cost" component in the determination of a cost-benefit ratio.

It is important that physicians resist replacing the past flawed approach, which ignored costs, with an equally erroneous one that ignores the need for good information to make a proper diagnosis or to guide clinical management.

It is difficult to determine the right answer regardless of cost. It is important that we recognize that the right answer *is* cost-effective.

Stanley J. Goldsmith
Editor-in-Chief, *The Journal of Nuclear Medicine*
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