Chapter 10. Care Versus Cure

Trained in a system which focuses its attention on curing illness, the medical practitioner deals effectively with the problems of infectious disease, with episodes of acute illness and with accidents that call for the high technology of the hospital.

During the past fifty years, infectious diseases, other than respiratory infections and venereal diseases, have largely been brought under control. Of the ten major causes of death in 1900, six were either infectious or related to infectious processes. In 1970, none of the ten major causes of death were infectious except influenza-pneumonia and certain diseases of early infancy. Today the list is headed by chronic diseases and accidents.

Chronic diseases also afflict large numbers of the living for long periods of their lives. As health has improved in early life so has the prevalence of the less tractable forms of disability in later life.

Many chronic diseases are a consequence of aging and as the number of survivors into old age increases so do the cases of chronic diseases. In respect of chronic illnesses, all who are over sixty years of age are members of a "population at risk" in respect of heart and circulatory disease, cancer, arthritis, rheumatism, diabetes and other chronic diseases connected to the aging process. As health programs succeed in extending the life of more Canadians, the number of aged will increase and their needs will augment accordingly. Unless training programs for health professionals specializing in the care of the aged are expanded, these urgent needs will not be met.

Other important populations, at all ages, with permanent or chronic illness include the severely retarded, those with emotional disorders and those disabled by accidents.

For a health care system whose essential motivation is based on curing the sick, the treatment of the chronically ill is not very satisfying because the treatment is long and in many cases success cannot be measured by cure so much as by controlling the disability created by a chronic condition.
The number of physicians specializing in the treatment of patients with chronic and disabling conditions of an indefinite duration is, therefore, small relative to the number who specialize in the diagnosis and treatment of acute illness. There are, for instance, only one hundred physicians in Canada who specialize in physical medicine and rehabilitation, a ratio of one for every 200,000 Canadians. Specialists in geriatrics are equally scarce.

Turning to treatment institutions one finds the same imbalance, with an emphasis on acute hospital beds and a scarcity of beds for patients requiring extended care for chronic illness.

Somehow, the value system of the HEALTH CARE ORGANIZATION will have to be revised so that the care of the chronically ill will be seen to be as rewarding as the cure of acute conditions. The need for this revision of the value system is already pressing and will become more so as the percentage of the aged in Canada’s population increases.

In 1965 only 8% of Canada’s population exceeded 65 years of age. By the year 2000 the proportion will have grown to 11%, based on today’s survival rates. Even at a stabilized rate of growth they will number some 3.2 million people of a total estimated population of 29 million. Should measures to reduce environmental and lifestyle risks prove successful, the survival rate to age 65 will be even higher.

Raising “care” to the level of “cure” in the value system of the HEALTH CARE ORGANIZATION is of critical importance if resources are to be marshalled on behalf of the chronically ill, who constitute a large and growing part of our population.

In redirecting some concern toward the chronically ill, it may well prove fruitful for chronic care in clinics and institutions to be provided by nursing personnel trained to carry out procedures and provide counselling in areas now requiring the intervention of a physician. Where chronic care clinics of this kind have been established, such as at the Kaiser-Permanente Foundation, Oakland, California, it has been found that four nurses in collaboration with one physician can deliver as much care as four physicians, and at a much lower cost.