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We should cap the health budget and spend more money on housing and food

NO

Introduction

Expenditure on health is growing with the ageing of the population and improving technology. Increasing health expenditure in New Zealand has resulted in shorter surgical waiting lists, increased vaccination rates and increased smoking quit rates. There is a tension between the public health approach to provide the most social benefit with the resources available and providing treatments to patients with disease. About 50% of the increase in survival that has been seen over recent decades has been due to medical treatments and 50% due to prevention.[1] In this debate I will argue for spending more on both prevention and medical treatments.

Expenditure on health as an investment rather than as a cost

A number of studies have looked at health care as an investment rather than just as a cost. It is estimated that each additional dollar spent on overall health care services in the US from 1980 to 2000 produced health gains valued at $1.55 to $1.94.[2] It was concluded that the value of improved health in 2000 compared with 1980 significantly outweighed the additional health care expenditures. New generation drugs with expenditure of $18 were estimated to reduce other health care costs by $71.09 in 2001.[2,3] Besides improvements in health there may be gains in worker productivity. Increases in life expectancy from 1970 to 1990 were estimated to generate $2.8 trillion annually to the US economy.[2,4]

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White H. We should cap the health budget and spend more money on housing and food—the 'no' case. J Prim Health Care. 2012;4(4):339–341.

Avoidance of waste as an ethical responsibility

In the US it is thought that 30% of health care spending (US$800 billion per year) is wasted on unnecessary tests or treatments that do not benefit and may harm patients.[5] There is thus a shift in the ethical debate from rationing to the avoidance of waste. Waste is a major driver of cost increases and redirecting this wasted money could increase our health resources dramatically. Much can be done to reduce costs and to improve efficiency, including improved management and greater use of evidence-based treatments.

Why the health budget should be increased

I would like to argue that, rather than the health budget being capped, we should spend more on health. An investment in health will bring a better return than almost any other investment.

vascular disease (and men at 45 years), whereas screening for breast cancer is recommended at 45 years. We should spend more on screening young adults and increasing the use of evidence-based treatments to improve outcomes such as prescribing statins.

New treatments for cancer have been developed and patients with cancer are living longer. More money should be provided for cancer treatments. Services such as palliative care which have many personal, humanistic and social benefits should be highly valued in a caring society, and expenditure needs to be increased for palliative services. Investment in doctors and nurses is also necessary.

The focus of spending should be on value not on cost. Rather than focusing on cost containment the focus should be on increasing value to society.

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There are many areas of unmet need in general practice. Health expenditure should be increased for better management of mental health. We know for instance that cognitive behavioural therapy is an extremely good method of managing mild–moderate depressive disorders and anxiety states, but there is no funding to provide this within the community setting. There should also be extra funding for complex consultations.

There are huge unmet needs in many other services in New Zealand. For example, more women (5038) than men (4721) died of cardiovascular disease in 2009. The rates for women dying were double the rates for breast cancer and yet there is the major anomaly that the primary health care targets are to screen women at 55 years for cardio-

Proposal to spend more on housing

Given the well-known association of cold, damp houses with worsening asthma and the association with cardiovascular disease and mental illness, it is entirely reasonable to spend money on insulation and heating, but this should not come from a capped health budget.

Proposal for spending more on food

There is a U-shaped curve with hunger at one end and obesity at the other, with both being associated with bad health outcomes. In poor areas, a quarter of New Zealand children go to school hungry, and breakfast programmes to feed these children and to enable them to study are very im-

portant. However, rather than food programmes, which may be associated with feelings of shame, it would be better to improve the incomes of low wage earners and beneficiaries along with programmes teaching about cooking, gardening and nutrition.

Of equal concern as lack of food is the over-abundance of food, particularly 'junk food' and sweetened soft drinks. Increasing obesity is one of our greatest challenges with increases among our children driving an explosion in the future of diabetes and cardiovascular complications.[6]

Approximately a third of New Zealand children are overweight or obese.[7] Rather than spending more on food, consumption of fatty and salty foods and of sugar in sweetened drinks should be reduced.[8]

It is probable that the food pyramid that has been promoted over the last decade has been incorrect, with the lack of attention to reducing calorie intake and increasing refined-starch consumption[9] contributing to the epidemic of obesity and diabetes in New Zealand. Focus needs to shift from limiting the proportion of calories from fat to limiting the total calorie intake.[9] Population-based approaches such as improving housing or spending more on food may be expected to be cost-effective through reduction of future health care costs, but this is not really known and it is really just a hypothesis.

The focus on housing and food is too narrow. There are many other social determinants of health besides poor housing and lack of food. These include disability, ethnicity, education, employment, income, health services, social position and social exclusion among others. Of major importance is lack of health services.

Conclusion

It is appropriate for a society where health is highly valued, such as in New Zealand, to spend more on health relative to other countries. Spending more on health, besides improving health outcomes, has considerable value to society including increasing employment, recreation, and community wellbeing. We should not cap the health budget to spend more on housing and food, but we should spend more on prevention of disease and also on the care of patients who are currently ill, to enhance the wellbeing of all New Zealanders. There is much that needs to be done in health and the health budget should not be capped.

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