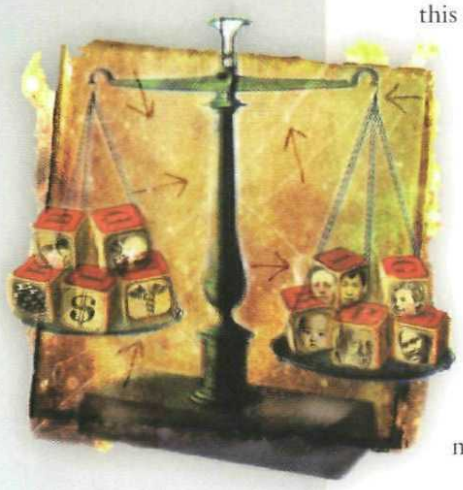
A Just Allocation of Resources

Whether we like it or not, healthcare reformers have no choice: To get affordable care for all, we will have to accept rationing.



"Rationing" is perhaps *the* unspoken dirty little word of contemporary U.S. healthcare. Given half a moment's thought, each of us knows that, of course, rationing exists. We know, for example, that there are not enough donated livers for every person who applies for a liver transplant. Some authority must distinguish eligible applicants from the ineligible, and this act is a form of rationing.

In this issue's special section, which starts on p. 33, *Health Progress* takes up this difficult topic. In "Rationing, Equity, and Affordable Care," Daniel Callahan, PhD, argues that, whether we like it or not, healthcare reformers have no choice: To get affordable care for all, we will have to accept rationing. In "Justice, Allocation, and Managed Care," Clarke E. Cochran, PhD; Joel Kupersmith, MD; and Thomas McGovern, EdD, deal with a related matter. Justice is vital in the allocation of healthcare resources, they note. Unfortunately, managed care organizations—which increasingly make society's allocation decisions—are often not trusted to make just decisions. The authors suggest some things such organizations can do to become more trusted.

Medical Futility

The concept of medical futility is also troublesome. In "Time for a Formalized Medical Futility Policy," which begins on p. 24, Rev. Peter A. Clark, SJ, and Catherine M. Mikus, Esq., write that fear of litigation has reinforced a tendency on the part of healthcare providers to persevere with therapy even when it is clearly futile. This tendency is incompatible with the Catholic tradition, the authors argue. They say it is time for Catholic healthcare organizations to adopt formal medical futility policies.