Health care expenditures are escalating in Western societies.

In Belgium health care represented 3.4% of gross domestic product in 1960, whereas in 2003 health care expenditures were 10.1% of gross domestic product (1).

The determinants of these increasing costs are multiple.

However, there is agreement that technologic improvements and the growing and ageing population are the most important contributors.

In this perspective one might wonder if the money is well spent.

Some critics state that for most diseases we are unlikely to be much better off than 30-40 years ago. In this view, escalating costs of medicine should not be attributed to new and effective cures but to the implementation of inadequate treatments (2).

In anaesthesia a spectacular dropping of mortality is often cited (3).

However the contribution of anaesthesia to global peri-operative mortality is not always very clear (4). So, perhaps, progress in anaesthesia is far more limited than often assumed.

One reason why innovation in medicine is slow and not in accordance with costs might be the improper use of the scientific paradigm in medical practice. Instead of using an assemble of problem solutions a search for appropriate assemblies could benefit medicine at a lower cost. This however means that the science of design should be incorporated in medical strategies (5).

References

1. OECD health data.