

In This Issue

RODRICK AND DEBORAH WALLACE OPEN THIS ISSUE with a synthesis of the considerable evidence about how the process of urban decay is closely linked with a range of social problems, including the transmission of HIV infection. Their prediction about the nature and course of the spread of the infection is sure to arouse controversy. It is hard to argue, however, with the Wallaces' assertion that policies to control diseases like AIDS in declining urban areas will have discouraging results unless they are linked with programs to stabilize and revitalize the social and physical fabric of our cities. The accompanying article by Richard Rothenberg elegantly explicates the distinction between projection and prediction and summarizes the work that has been done using these models. Rothenberg provides a superb context for assessing the Wallaces' projections. While conceding that their conclusion may be incorrect, he emphasizes the value of considering it carefully and ends with the statement, "It does not ultimately matter that the epidemic is correctly foretold, but that it is foreclosed."

The article by Frank A. Sloan and May W. Shayne addresses an issue that is central to current health care reform: to what extent do Medicaid eligibility policies negatively affect the financial well-being of disabled older persons. Their conclusion, contrary to the current widely held conception, is that most disabled older persons are eligible for Medicaid prior to, or soon after, nursing-home admission. Furthermore, the assets of most disabled older persons are not sufficient to motivate them to transfer their resources to family members in order to secure Medicaid benefits, and their housing assets would constitute no more than a limited revenue source for Medicaid.

Another policy concern related to long-term care is that families will relinquish their traditional caregiving role if publicly funded home care services become available. The study by Sharon L. Tennstedt, Sybil L. Crawford, and John B. McKinlay, reported in this issue, found that, over a seven-year period, formal services replaced informal care for a substantial proportion of older persons, but that this substitution nevertheless appeared to be a temporary hiatus in the pattern of informal care rather than a permanent replacement of it. The authors conclude that use of

formal services may have a beneficial effect in that it ensures the continued community residence of older persons.

Another topic central to health care reform is how best to manage the delivery of care in rural areas. In her article, Joan M. Kiel describes how state policies on, for example, Medicaid, certificate of need, and physician licensure requirements affect rural hospital consortia and how the formation of these alliances can enable rural hospitals to survive and be more effective.

There has been a dramatic shift during the past decade in the way people consider the role of patients in medical decision making. Whereas it was once thought to be appropriate not to tell patients about diagnoses like cancer, many are now of the opinion that patients should be active partners in a wide range of clinical decisions. We regularly hear references to patients as "customers," and many health policy experts think that encouraging and facilitating patient choice of providers can reinforce incentives for high-quality, cost-effective care.

Surprisingly little attention has been paid to the legal or ethical implications of withholding information from patients about financial incentives or disincentives that affect physicians' behavior. In an outstanding analysis of these issues, Mark A. Hall counters the prevailing legal and ethical opinion that rationing decisions must always be disclosed at the time they are made. Asserting that we need a new theory of economic informed consent, Hall argues that patient decisions to purchase less expensive forms of health insurance can be construed as advance consent to limitations on marginal treatment or as waiving their right to be told about particular treatment decisions. In an accompanying commentary, Paul S. Appelbaum takes issue with several of Hall's conclusions.

These articles raise critical issues, and reasonable people differ on how they should be conceptualized and addressed. Because of their importance, I invite readers to comment. In a subsequent issue of the *Quarterly*, I will publish Mark Hall's response to some of Paul Appelbaum's concerns, along with short commentaries (less than eight double-spaced pages) from readers.

The function of hospital ethics committees is another issue that affects most health services researchers. In a provocative article, Diane E. Hoffmann suggests that the primary function of such committees is to safeguard patients' interests. After analyzing available data on ethics committees, she questions whether alternative mechanisms might serve this function better than such committees are currently doing.

At the end of this issue we acknowledge the invaluable assistance of many individuals in preparing the *Milbank Quarterly* this year. One of the *Quarterly's* functions is to help bridge the information and perspective gaps between researchers, policy- and decision-makers, and clinicians. Thus, increasingly I rely on persons in the executive and legislative branches of state and federal government and in the business world to help other scholars review submissions to the *Quarterly* that address policy. I would like this broader definition of appropriate reviewers to become our regular practice. Persons in government or the private sector who are willing to act as reviewers or to nominate colleagues for this role are encouraged to write to me. Similarly, I request authors submitting articles for publication to recommend persons suitable for evaluating the policy implications of their work on the basis of practical experience.

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