

## In This Issue

**A** FUNDAMENTAL IMBALANCE OF POWER IS INHERENT in the physician–patient relationship. No matter how much they educate themselves, patients will never be able to match the accumulated knowledge and experience of their physicians. Therefore, patients have to trust that physicians are acting in their best interests, that they are competent, that they are imparting appropriate information, and that they will guard as confidential the information shared during treatment. David Mechanic, in “Changing Medical Organization and the Erosion of Trust,” describes the changes in the organization and financing of health care that are challenging the physician–patient bond. Mechanic describes current initiatives and suggests measures that individuals and institutions can take to restore trust.

Rosemary Stevens edits an ongoing series of articles that explore recent and anticipated changes in acute care hospitals (see James C. Robinson, “The Changing Boundaries of the American Hospital,” *MQ* 72:2; John D. Stoeckle, “The Citadel Cannot Hold,” *MQ* 73:1; Stephen M. Shortell and colleagues, “Reinventing the American Hospital,” *MQ* 73:2; Rudolf Klein, “Big Bang Health Care Reform,” *MQ* 73:3; and Hugh L. Freeman, “The General Hospital and Mental Health Care: A British Perspective,” *MQ* 73:4). In this issue, Chris Ham, writing on “Population-Centered and Patient-Focused Purchasing: The U.K. Experience,” explores a critical feature of the reformed National Health Service in the United Kingdom: the separation of responsibility for purchasing and providing health care. Although Ham finds advantages in the splitting of purchasing responsibility between the Health Authorities and the general-practitioner Fundholders, he envisions problems if their decisions are not coordinated.

Economically and socially disadvantaged cancer patients have higher mortality rates than other cancer patients, but the reasons for this discrepancy have not been clear. Howard Greenwald and colleagues report on the results of previous research and of a newly completed ten-year survival study in their article, “Explaining Reduced Cancer Survival among the Disadvantaged.” They conclude that improving access to

health care will reduce, but probably not eliminate, the differential mortality in some malignancies. Outreach and monitoring of public health risks would continue to be important.

Mary Mahowald and colleagues, authors of "The New Genetics and Women," discuss the ways in which women are likely to be affected by the findings of the U.S. Human Genome Project (HGP). Few studies of the project have focused on gender-specific ethical and policy issues. By identifying gender differences as a subject with potential impact on research and clinical practice and on other areas of public life, they hope to stimulate and inform public discussion and policy.

Although a great deal of medical and health services research and policy discussion focuses on cancer and heart disease, which are the leading causes of death in the United States, infectious diseases still contribute significantly to mortality. In this issue, Jason S. Lee points out, in "Adult Immunization Priorities in the United States," that pneumonia and influenza together comprise the nation's sixth leading cause of death. Even though vaccination against these diseases is fully reimbursed by Medicare, one-half to three-quarters of older adults fail to receive such protection. Lee compares the expenditures of funds for the immunization of children and adults and argues that adult services should be emphasized more than they are now.

I asked Walter A. Orenstein, assistant surgeon general and director of the National Immunization Program, to describe the activities and achievements of the National Immunization Program as they affect adults. He and his coauthor, Joe Tilghman of the Health Care Financing Administration, concur with Lee's assessment of the importance of adult immunization, but offer another point of view regarding current immunization activities. They describe the important role played by multiple federal agencies that collaborate with professional and community groups to develop immunization policies and programs. Lee's article and the commentary on it offer insights into how public health policy evolves and is carried out.

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