In This Issue

ENTITLEMENT PROGRAMS FREQUENTLY OCCUPY CENter stage in the debates about budgets in every industrial country. In this issue, John R. Gist analyzes the implicit assumptions that often influence this debate in the United States and demonstrates that much of the conventional wisdom about entitlement growth cannot withstand scrutiny. Nevertheless, because the policy for entitlements will have to be modified to maintain growth, and even stability, he outlines some principles that would be useful for reformers to follow.

Gist submitted his article, "Entitlements and the Federal Budget: Facts, Folklore, and Future," in response to a call for papers of the same title (*MQ* 71:4). The need for incisive analysis of this issue is greater than ever; persons interested in contributing to the consideration of this topic are referred to the renewed call for papers, which appears here as well on the *Quarterly*'s World Wide Web page (http://www.med.harvard.edu/publications/Milbank/call).

Comprehensive health care reform is less likely to be discussed in debates about deficit reduction than it was last year. Nevertheless, both public and private payors continue to be intensely interested in reducing the costs of health care in the United States. There may be budget reductions in programs like Medicaid, but federal regulation in the near future will most likely be limited to insurance reform. Policy makers are interested in how market forces can affect both the costs and quality of medical care. The simplistic dichotomy between market and regulatory approaches often obscures intermediate options and solutions. Christine E. Bishop and Stanley S. Wallack discuss a negotiated contracting process between purchasers and providers that could constrain aggregate demand and shape provider incentives.

As the public has become more knowledgeable about medicine and health care, the involvement of consumers in decisions about their own health care has become increasingly the norm, and providers are now more sensitive to consumer needs and preferences. There is an interest in assessing the quality of medical care from the patient's perspective, in patient-focused methods of delivering care, and in finding ways to involve patients in decision making. Pamela Doty, Judith Kasper, and

Simi Litvak assess "consumer-directed" models for providing Medicaid-financed personal care services. They examine programs in Michigan, Maryland, and Texas, where clients have more control over services, and they conclude that when consumers can hire aides independently, they are more satisfied with the services they receive.

The use of physical restraints in nursing homes has declined in recent years, but it is still widespread in hospitals. Lorraine C. Mion, Ann Minnick, Robert Palmer, and their colleagues review the clinical, legal, and ethical issues raised by using physical restraints in hospitals. Although empirical data in this area are limited, the evidence to support the current practice of using physical restraint is weak. This is a subject that requires more study; in the meantime, the use of constraints should be approached skeptically.

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