Cheap, managed death

For most of medical history doctors have had ethical and financial incentives to keep their patients alive. Preserving life as long as possible was, until recently, the automatic, unquestioned response by a physician to serious illness. In many systems of medical care the longer a patient was kept alive the higher the fees earned by the medical attendants; while even in systems such as the NHS, where prolonged illness was expensive for the hospital, no one questioned the obligation to preserve life.

Two quite separate developments in the past 10 years or so have now changed that picture, and some voices in the United States are warning that doctors may be coming under pressure to hasten rather than delay their patients' deaths (*Archives of Internal Medicine* 1995;155:133). Firstly, the concept of managed care is encouraging doctors to examine the costs of treating each individual

patient and keep them as low as possible. In some systems (including fundholding general practices in the NHS) savings made from the managed care budget become, in effect, profits for the medical manager. Secondly, the concept of the "living will" has led to wide acceptance among doctors that their patients have a right to refuse life sustaining treatments. Further along that spectrum, euthanasia has become an acceptable topic of medical debate and before long may be permissible in other countries besides the Netherlands even if not expressly included in the legal system.

The anxiety in the United States is that these two trends may combine to put ethically unacceptable pressures on doctors and their patients. Concern to keep costs down will lead managers and clinicians to examine the expenses incurred by terminal care, and patients who have not expressed any interest in making a living will may be asked whether they really want to embark on "treatment that could drag on a long time." Furthermore, if withdrawal of life sustaining treatment, assisted suicide, and even frank euthanasia became accepted in medical institutions as ethically acceptable for patients in full control

of their capacities to make such judgments, might not pressure grow on clinicians to manage the deaths of patients who could not speak for themselves?

People who think such concerns are exaggerated are, say the Americans, being too complacent. Advance directives—living wills—have been shown to reduce the cost of medical care, and newspapers such as the *Washington Post* have argued that people who have made living wills should be offered a discount on their health insurance premiums.

The ethical position ought to be—in the current political jargon—perfectly clear. It must be wrong for doctors or any other health professionals to have a financial incentive for their patients to die sooner rather than later. Traditional medical ethics were designed to reassure families that their doctors could be trusted to act exclusively in the patient's interests. Managers, by contrast, are expected to organise the human and non-human resources available to an organisation so as to improve its position in the marketplace. Managed care should not include the option of withdrawal of care.—TONY SMITH, *associate editor, BMJ*

Paradise at a price

The annual number of visitors to Darwin's Galapagos Islands went up fourfold between 1979 and 1993, when it reached 47 000. At the current rate of increase, there will be 82 000 visitors by 1997. On the trekking trails in Nepal the lodges in one village alone destroy one hectare of virgin rhododendron forest a year, chiefly for fuelwood. This results in 30-75 tons of soil erosion, causing floods and landslides.

These two facts, from an admirably concise briefing document published recently by the Panos Institute, tells us much about the real nature of "ecotourism." It is a sobering document—not least because it speaks mostly in restrained rather than shrill tones about a subject that enshrines real conflicts of principle.

In one sense the idea of encouraging people to visit places such as Nepal and the Galapagos Islands is unanswerably wholesome. The visitors become better informed about a critical part of the global environment, and may be inspired to do their bit to help in fundraising or practical conservation. The country gains much needed currency and publicity. Jobs are created. And the whole business is so carefully managed that any disruption to a fragile part of the biosphere is

simply unthinkable. It may even help to conserve wildlife and vegetation.

Reality can be rather different. Firstly, it is impossible to import vast numbers of tourists, especially to a sensitive and perhaps unique site, without having an adverse effect on that environment. Secondly, commercial interests and central government are bound to see ecotourism as an attractive source of income.

In the Galapagos Islands, for example, according to critics cited by the Panos Institute, only a tiny proportion of the tens of millions of dollars coming from ecotourism goes into environmental conservation. "Meanwhile, islanders have seen the cost of living rocket to four times the figure for the rest of the country. And they still lack the most basic public services like clean drinking water and a proper sewage system."

Likewise in the Annapurna trekking region of central Nepal, where the World Wide Fund for Nature states that a mere 20 cents of the \$3 spent by the average trekker each day finds its way into the local economy.

The one certain factor about ecotourism is that it is increasing. Already, nearly half of the annual visitors to Costa Rica go to see the lush tropical rainforest. Even tourism to

Antarctica has grown fourfold over the past four years. It now attracts some 8000 people a year, paying up to \$20 000 for the pleasure of being there.

What, then, is the solution? The Panos Institute offers one or two thoughts. Firstly, tourism can simply be restricted—and not least by price. In the mountain kingdom of Bhutan bordering northeast India visitors are strictly limited to 2500 each year, and are charged \$250 a day. Codes of behaviour for visitors can be helpful too. And on a wider scale, as suggested recently by Costa Rica's minister for tourism and environment, a clause on sustainable tourism should be incorporated in the international agreement that emerged from the 1992 Earth Summit.

I still have my doubts. A single sentence from the report sums them up rather well: "Any tourism comes at a price, and more so if the destination is a paradise on Earth."—BERNARD DIXON, *European contributing editor, Biotechnology*