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FROM CLINICAL EPIDEMIOLOGY AND CLINICAL ECONOMICS TO CLINICAL POLITICS

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When health care and magic were just the same sorts of an enterprise, nothing could interfere the outcomes of diseases or misfortunes, but the power of the magicians to manipulate their gods or deities. The emergence of rational medicine under Hippocrates and others led to the development of theories which try to explain the underlying mechanics of diseases, and to suggest therapeutic and preventive modalities againts them.

Modern medicine is characterized by the quantification of medical phenomena, rapid accumulation of new knowledge, and hence, the development of specialists, and more complicated clinical variables for medical decision making. Unlike the more traditional medical practice, modern medicine tends to abandon holistic approach to patient care. Meanwhile, health care has grown into major industries, and as Ivan Illisch (1975) accused, has medicalized our society. The most notable irony in the era of modern medicine is the ever rising cost of medical care with very little improvement in the health of the people.

Reformists have been trying to rehumanize medicine and others are more interested in economics health care using different kinds of cost-containment strategies. Two clinicians-reformists deserve special mentions. Dr. John Rodman Paul, a former professor of epidemiology at Yale University, who coined the word "clinical epidemiology" suggested that patient care should consider family and community backgrounds as important determinants of disease outcomes (Paul, 1966). Dr. Alvan R. Feinstein, currently professor of epidemiology at Yale University, use the word clinical epidemiology to describe scientific endeavor, based on epidemiologic principles and methods, to improve diagnosis, prevention and treatment of diseases, and to identify factors influencing the prognosis the of illnesses (Feinstein, 1985). Now the chief editor of *Journal of Clinical Epidemiology*, Feinstein seems to be overladen with his concerns about the validity of clinical reasoning and clinical studies or trials. He also advocated more humane measurements of symptoms, disease severity, and prognosis (Feinstein, 1987).

Clinical epidemiology, the way Feinstein and his colleagues define, has been considered as an alternative to the indiscriminate use of expensive medical technology. The Rockefeller Foundation, later joined by USAID, has supported clinical scholars and established centers (one is located at Gadjah Mada University) and networks for clinical epidemiology all over the world. Recently, clinical economics has been added to the

curriculum for trainings of clinical epidemiologists, to improve their ability to appraise studies dealing with cost-utility, cost-effectiveness, cost-efficiency, and cost-benefit analyses (Drummond *et al.*, 1987).

Economics pervades all walks of life, because it helps people use scarce resources wisely to meet their objectives, or to maximize their gains. Economic studies have certainly helped decision makers understand better ways to allocate resources in the prevention and treatment of diseases, and the prolongation of lives. Examples abound. The blind use of antibiotics in the treatment of diarrhoeal diseases has been found as ineffective, inefficient, and a waste of resources. The short term regimen (Rifampycin and INH) for treating tuberculosis has been considered as the most economical, So what ? There is an apparent gap between research findings and actions in the field. Many doctors still administer antibiotics blindly to treat diarrhoea. The short term regimen is not always the treatment of choice for tuberculosis although many studies have shown its economical advantages.

Political moves, at the local, national and international levels, have been responsible for the betterment or the deterioration of community health. No less than President Soeharto was called on to promote immunization coverage. This laudable example indicates that the importance of politics in health sectors is well appreciated. The rules and regulations concerning the use of generic drugs are other examples of current political actions to ensure more affordable health care. How far political decisions can play their parts in clinical settings may become an area of studies. Traditionally, doctors always consider a patient as a unique case so that clinical decision making cannot be abstracted. Clinical epidemiology and clinical economics are at odds with this belief. It is logical to assume that the two disciplines will stimulate the development of strategies, rules, regulations, and other forms of enforcement to promote the so called sound clinical practice. Time will whether political techniques will be adopted to improve clinical decision making, and thus clinical politics will emerge. One thing is true: people need effective, efficien, descent, and inexpensive health care. And they have the right for it.

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