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Introduction

ADAM OLIVER*
LSE Health and Social Care, London School of Economics and Political Science, London, UK

The articles presented within this special issue grew out of a one-day workshop, held at the London School of Economics and Political Science in December 2010, on issues pertaining to care at the end of life. The idea for this workshop arose from a discussion that I had with Lawrence Brown, on the subject of what might be an interesting topic for the London School of Economics (LSE)-Columbia Health Policy Group (HPG) to examine. Consequently, the collection, as per the remit of the LSE-Columbia HPG, has a decidedly Anglo-American flavour.

The issue begins with an essay by Rudolf Klein, who offers a short, comparative overview of end-of-life care in the United States and the United Kingdom, to somewhat set the scene for the articles that follow. Kalipso Chalkidou then discusses whether expensive end of life, specifically cancer, drugs offer value for money (or are even affordable) in the context of the United Kingdom, and Corinna Sorenson provides a companion article from the US perspective. Charles Normand, in addition to highlighting the lack of empirical evidence that exists on another aspect of end-of-life care – that is palliative care – offers a methodologically orientated viewpoint. In particular, he questions whether outcome measures, such as QALYs (quality-adjusted life years), which rely on additive units of time, are appropriate when the limits on time left to a person are stark.

As something of a contrast to the Chalkidou and Sorenson articles, Rachael Addicott offers an analysis, based on interviewing some key stakeholders, of the barriers to accessing end-of-life care for non-cancer patients in the United Kingdom. Immediately following this is an essay by Daniel Callahan that reflects on what he perceives as an increasing, and ultimately damaging, effort to prolong life at seemingly any cost in the US context over recent decades. Lawrence Brown also adopts something of a US historical perspective in considering the development of advanced directives, hospice and palliative care, and assisted suicide over the last four decades, and argues that while progress in these areas (and in the debate centred on these issues) has been somewhat uncoordinated and ad-hoc, progress has nonetheless been made.

Brown does acknowledge, however, that financial and legal incentives in the United States provoke excessive treatment at the end of life, a point touched

*Correspondence to: Adam Oliver, LSE Health and Social Care, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK. Email: a.j.oliver@lse.ac.uk

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upon by Michael Gusmano, who also discusses in much detail the usefulness of advanced directives for those who suffer from dementia later in life. Jonathan Wolff also closely examines advanced directives, and concludes that in many cases they are morally troubling, in particular in relation to cases where people unexpectedly tend to adapt to a particular condition.

The articles in this issue, though individually distinct, are therefore closely interconnected in the issues they discuss, *vis-à-vis*, for example, the value for money of end-of-life care, advanced directives and assisted suicide. Read together, they comprise a fascinating collection. Even though all of us, without exception, know deep down that we will experience an end to our lives, most of us try not to torture ourselves by thinking about it too much. End-of-life care is an indisputably difficult issue to contemplate, and those who devote their attention to thinking seriously about, and even improving, the care that many of us will one day need should bask in our gratitude. I thank them, and two others: Mark Schlesinger, for reviewing all of the articles presented in this issue, and Sujith Dhanasiri, through his offices at Celgene, for funding the seminar at which the papers were originally presented.

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