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EDITORIAL

Grow your own drugs?

by Janet M. Carstens

Since I travel quite a bit as a consultant, I get involved in some pretty interesting, albeit brief, conversations.

In September, I was on a bus operated by a rental car company. The man across the aisle struck up a conversation — the usual stuff, like “Where are you from? What do you do?” I was surprised to learn that the prescription drug company he worked for — “you know, the one that invented Viagra” also manufactures chemicals for use on plant life. Why I had not made the connection earlier is a mystery; it makes sense that one company would manufacture both.

He went on to discuss his company’s work on plant genetics. We talked about the advantages and disadvantages of organically grown vs. “manufactured” produce. He became rather excited as he started to discuss future possibilities. My mind started racing with ideas about produce that has been genetically altered with the same components used in prescription drug manufacturing. The possibilities are endless: fruits with all the recommended daily vitamin supplements, vegetables containing antidepressants, oral antihistamines in herbs. This could be the route to reducing the need for future medical care, increasing access to care, and improving the overall quality of life for individuals.

There appears to be no end in sight to the increasing cost of prescription drug coverage. Research advances continue to result in the development of new and more expensive drugs. As consumers have become active participants in determining appropriate care for themselves, they have increased

demand by insisting on active intervention by health care providers at an earlier point in the health care process. Substantial increases in the amount of direct advertising by pharmaceutical companies to the consumer create further widespread demand for the newer, more popular, and more expensive drugs. This consumer demand was virtually nonexistent a few years ago. Add to this the increasing number of elderly and the desire by many to include some type of prescription drug coverage as a part of Medicare, and soon prescription drugs could become the largest component of health care expenditures.

This dynamic market makes it very difficult to anticipate the cost of prescription drug coverage, presenting obvious challenges for the health care actuary. This is the case whether the actuary is addressing commercial, Medicare, or Medicaid populations.

There can be no argument about the benefits of prescription drugs in certain situations: they can improve the quality of life for an individual, prolong life, and help avoid more costly hospital stays. However, at some point one needs to question whether there is a diminishing return for the amount of spending on prescription drugs. Society will need to determine the acceptable costs of improving the health outcomes of individuals and also define the meaning of “improve.”

Maybe someday many health changes — including, perhaps, improved sexual stamina — will be provided through the produce we ingest on a regular basis. Maybe this will be at a lower cost than a prescription. On the other hand, maybe the cost of our produce will rise.