INSIGHT

Money alone won't cure what's ailing America's healthcare

"WE'VE got healthcare that is better than anywhere else in the world," boasted conservative US pundit Rush Limbaugh in an interview with Fox News on 23 July. Many politicians have been echoing this claim in recent days, as Congress debates reforming the nation's healthcare. Sadly, it is not true.

Compared to other leading nations, the US spends vastly more per head on healthcare, while often getting worse outcomes. Despite these high and rising costs, which have set the nation on course for bankruptcy, the US lags behind other countries on measures such as life expectancy at birth (see graph) and infant mortality.

People who have health insurance get excessive medical interventions, escalating costs so that tens of millions can't afford it. Those left uninsured have minimal access to healthcare, and are likely to contribute significantly to the country's relatively poor health outcomes. Even the insured could be sent to an earlier grave by risky interventions they don't need.

Research at the Dartmouth School of Medicine in New Hampshire shows how high-spending regions of the country are driving the spiralling costs. Insurers and the government pay set fees for each medical intervention performed. In some regions, doctors in institutions that are competing to become "centres of excellence" in high-paying fields may use unnecessary diagnostic tests, and surgeons often perform expensive procedures when cheap drugs may be a better option.

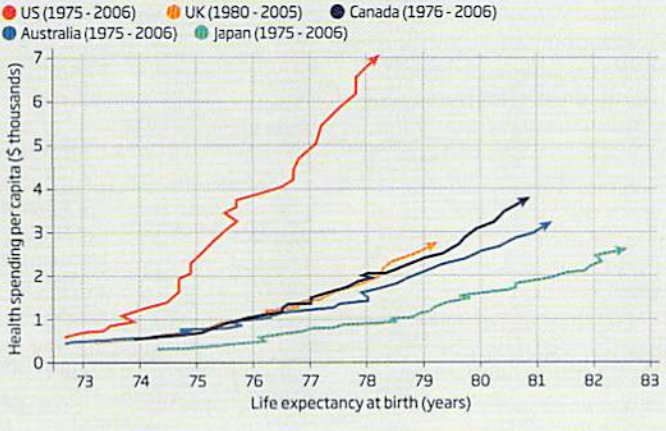
The main proposals now before Congress won't do much to tackle this problem. Rather, they concentrate on the important issue of expanding access to health insurance, and the Congressional Budget Office calculates that they will increase spending by hundreds of billions of dollars over the coming decade.

Cutting costs would involve more research into the comparative effectiveness of different tests and treatments, and giving doctors incentives to deliver quality care, not just paying them more for doing more.

Why the reluctance to tackle these issues? Partly it's because no politician wants to be accused of rationing healthcare. One way forward might be to inform the public that sometimes less can be more. "When people understand, they're less likely to choose expensive, invasive procedures," says Shannon Brownlee of the New America Foundation a think tank based in Washington DC.

Peter Aldhous and Jim Giles

America's extravagant health spending has not translated into high life expectancy



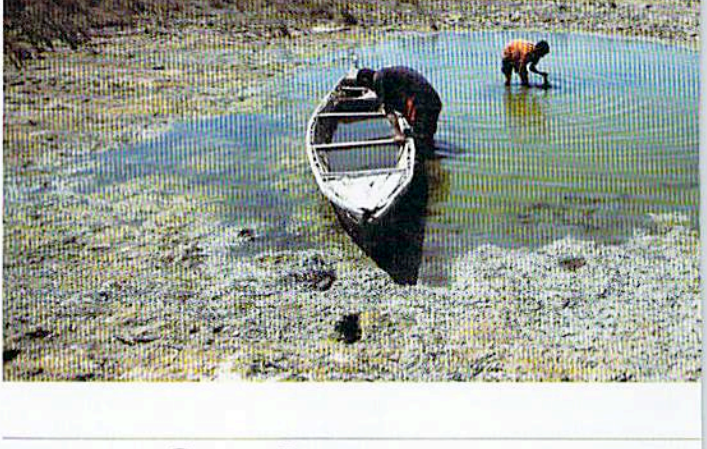
SOURCE: OECD HEALTH DATA 2009

Desert future for land that once nourished Babylon

IS THIS the final curtain for the Middle East's Fertile Crescent? With the region beset by drought and a slew of projected new dams in the pipeline, it is looking increasingly likely that the Mesopotamian cradle of civilisation will become a desert.

In ancient times the valleys of the Tigris and Euphrates rivers through Iraq were bountiful, sustaining civilisations such as Sumer and cities like Babylon. That stands in stark contrast to a detailed assessment of the region's future under climate change, published in 2007 by Japanese and Israeli meteorologists

HADI MIZBAN/AP/PA



Last fuel stop before the moon

David Shiga

FORGET huge, expensive rockets. A plan being examined by a US government panel would allow smaller, cheaper rockets to fly to the moon and beyond by stopping off at an "orbiting gas station".

With conventional rockets, many tonnes of fuel are needed on such missions for each tonne of payload. Sending astronauts or the heftiest robotic probes to these distant destinations therefore requires huge launchers.

That may be about to change. The panel convened by order of the White House to assess NASA's plans for the future of human space flight – including the project to send people back to the moon by 2020 – is pondering a radical idea to set up orbiting depots at which relatively small, inexpensive rockets could stop off to pick up fuel. The potential benefits of such a scheme are detailed in a white paper submitted last week by Jonathan Goff, an engineer with Masten Space Systems in Santa Clara, California.

This would allow NASA to mount moon missions without spending billions of dollars developing the gigantic Ares V rocket. Existing, less powerful rockets such as Boeing's Delta IV or Lockheed Martin's Atlas V would suffice, he says.

Prior to each moon mission, fuel would be ferried to the orbiting depot by these or even smaller rockets operated by