
while I sat staring in disbelief at the remains of many of my study subjects."

The Costly War Against Death

"'The High Cost of Dying' Revisited" by Anne A. Scitovsky, in *The Milbank Quarterly* (No. 4, 1994), Blackwell Publishers, 238 Main St., Cambridge, Mass. 02142.

Health-care specialists have been worrying for years about the high cost of medical care given to dying patients. A 1984 study revealed that the six percent of Medicare enrollees who died in 1978 accounted for 28 percent of all Medicare expenditures. A powerful force behind the nation's soaring expenditures on health care (\$752 billion in 1991), concluded many analysts, was the expensive high-tech care being lavished on the critically ill in their final months. It's not so simple, warns Scitovsky, an emeritus senior staff scientist at the Research Institute of the Palo Alto Medical Foundation.

The costs of medical care in the last year of life are indeed great, she notes. Medicare payments in 1988 were about seven times higher for those who died than for those who survived: \$13,316 per per-

son-year compared with \$1,924. However, only about five percent of the deceased appear (from the fact that their Medicare payments amounted to \$40,000 or more) to have received aggressive, high-tech medical services, such as being put on a respirator or placed in intensive care.

Elderly patients who are given such care, it is important to note, do not all die soon after. Of those who had Medicare payments of \$40,000 or more in 1988, 73,000 died that year—but 70,000 survived. "It is easy enough in retrospect to regard those who died as terminal or dying patients," Scitovsky writes. "It is a different matter, however, to do so prospectively. Despite the enormous advances in medical technology (or possibly because of them), medical prognosis in most serious illnesses is still highly uncertain."

In the long run, Scitovsky believes, bringing health-care spending under control as the population ages is going to demand something even more difficult ethically than cutting back on high-tech care for the *critically* ill elderly in their final months. It will require deciding when to stop giving sustenance and ordinary care, such as antibiotics to fight infection, to *chronically* ill elderly patients in nursing homes. That, she says, will demand "a change in our expectations of what medical care can do for us, especially our attitude toward death."

ARTS & LETTERS

Broadway's Final Curtain

"Who Killed Broadway?" by Brooke Allen, in *City Journal* (Winter 1995), Manhattan Institute, 52 Vanderbilt Ave., New York, N.Y. 10017.

Despite competition from movies, home video, and cable TV, there is still an audience for live theater. But many theatergoers now go to Broadway only once or twice a year. They are put off by the outrageous ticket prices: at least \$55 to \$65 for a lavish production such as *Les Misérables*, and nearly \$50 even for *Politically Incorrect*, in which a lone comedian,

wearing an ordinary suit, performs in front of the barest of sets. Yet absurdly high as ticket prices have risen, observes Allen, who has written for stage and TV, the costs of production keep going up faster. The result, she argues, is the apparent end of Broadway as a place for original dramas, or even original comedies and musicals.

Just to stage a modest one-set, two-actor play—"the kind of show that, 30 or so years ago, used to open by the dozen every Broadway season"—now takes an initial investment of some \$800,000, Allen says. "Weekly running costs amount to at least \$135,000, which