

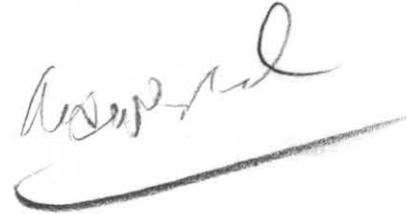
PUBLIC SECTOR ECONOMICS RESEARCH CENTRE

Director: D. W. PEARCE

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18th November, 1975

Professor L. H. Berry,
Cook County Hospital,
1835, W. Harrison Street,
Chicago,
Illinois 60612,
USA



Dear Professor Berry,

I am engaged on a research project sponsored by the British Government's Department of Health and Social Security to study the economic aspects of flexible fibroptic endoscopes. Although I am receiving some medical advice on specific points from a leading endoscopist in this country, I am obviously anxious to obtain data and information on as wide a scale as possible.

I have just been reading through your highly authoritative book entitled "Gastrointestinal Pan-Endoscopy", and I decided to write to you hoping that you will be able to help me with two major problems. In the first place, I have been able to find no references to any controlled research done prospectively to determine the comparative value of alternative diagnostic techniques (e.g. endoscopy compared either to radiology following a conventional barium meal; or compared to radiology following a double-contrast barium meal). Although I am also concerned with the operative and therapeutic procedures which are possible with endoscopes, it is particularly important for me to obtain some "hard" data showing the advantages of endoscopy compared to alternative techniques of diagnosis, before I can come to any conclusions about relative cost-effectiveness.

The second main area where there seems to be a dearth of detailed information, concerns the specific relationship between the initial advantages of endoscopy (faster, more accurate diagnosis etc.), and the effect on the subsequent treatment of patients (and especially on the final outcome for patients in terms of improved rates of morbidity and mortality etc.). Any evaluation of the benefits of endoscopes must ultimately focus on these indicators of patients' welfare, rather than on the earlier diagnostic accuracy etc. of different techniques. I know that if rates of mortality etc. are relatively low in the first place, a very large sample of patients is needed to demonstrate any statistically significant differences, but I am still surprised that the medical literature in this country seems to have largely ignored these vital indicators.

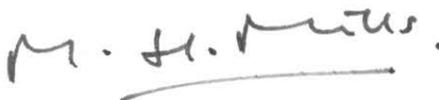
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In addition I would also be very interested to know whether any research has already been done elsewhere on the "financial" aspects of flexible endoscopes. The only such article that I have seen so far is one by Goldhaber et. al. (Annals of Surgery. 1974. 179. 2 160-162), but this focusses more on the cost to the patient than on overall resource costs. The British Society for Digestive Endoscopy has published a short memorandum on the subject, but not in any great detail and only based on a small number of centres.

I am sorry to bother you when I will appreciate that doctors throughout the world are particularly busy people, but I would really be most grateful if you could help me with any of these matters. You might even be able to circulate this letter to some of your colleagues and other endoscopists who could refer me to specific publications? In the meantime I look forward to hearing from you.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "M. H. Mills", with a horizontal line underneath it.

M. H. MILLS
Research Associate