

## Popularity of “luxury medicine” niche grows in US

American physicians have become the latest professionals to join the niche-market craze. In the US, luxury (boutique) medicine can mean 24-hour phone access to a “private” physician and same-day appointments. It can also carry a hefty price tag, with patients paying annual retainers of up to US\$20 000 to buck managed care’s restraints.

Dr. Howard Maron, founder of MD2 [MD Squared], is one of the pioneers. Once a team physician for the Seattle Supersonics, Maron found it odd that injured basketball players got the finest care immediately while other wealthy patients did not.

He left his existing practice and its 4000 patients and started MD2. He and

his partner care for fewer than 100 “very upscale” families, each of which pays US\$20 000 annually to get the cossetting that pro athletes take for granted: no-wait appointments, same-day lab results, house calls. When patients have to see a specialist, Maron accompanies them.

In Boca Raton, Florida, Dr. Robert Colton set up MDVIP last year. Although he charges only US\$1500 annually per patient, he bills the insurer for primary care and specialist services and charges \$50 to \$75 per visit. He retains a larger roster of patients than Maron — 600 — but had 3000 in his old practice. The \$1500 buys 24-hour pager access.

MD2 already has 2 practices in the Seattle area, and CEO Duane Dobrowitz

predicts “clones” will be successful elsewhere. “Every major city has 100 families that want this kind of access. We don’t need a lot of millionaires ... only enough to run our business.”

Dr. Albert Schumacher, past president of the Ontario Medical Association, noted that such practices might be legal in Canada “if you could prove you were providing only noninsured services.” However, he noted that many physicians in Canada already charge an annual fee, perhaps \$50 per individual or \$100 per family, to cover paperwork, insurance reports, telephone advice and prescription refills.

“It certainly would be hard to rack up fees of that magnitude in Canada,” Schumacher said. — *Milan Korcok*, Florida

## Life span can be boosted by more than a decade for many, WHO says

Concerted efforts to combat major health risks could increase the healthy life expectancy of many people by more than a decade, the World Health Organization (WHO) says.

In *World Health Report 2002: Reducing Risks, Promoting Healthy Life* ([www.who.int/whr/2002/en/](http://www.who.int/whr/2002/en/)), WHO identifies some of the main global risks affecting today’s disease, disability and death rates. The top 10 risks account for 40% of global deaths, while the next 10 are responsible for less than 10%.

The major risks vary from being underweight and having unsafe sex (most parts of Africa) to tobacco use and hypertension (North America and other developed regions). “Globally, we need to achieve a much better balance between preventing disease and merely treating its consequences,” says report director Dr. Christopher Murray. “This can only come about with concerted action to identify and reduce major risks to health.”

WHO has also developed a system for identifying and reporting cost-effective health interventions for different regions. “Since many of these risks are continuous, without a threshold, the most cost-effective interventions are often those that move the entire population to a lower risk zone,” says Dr. Anthony Rodgers, a WHO consultant. “A good example would be government-

and industry-led reductions of salt in processed foods.”

Unless action is taken, WHO predicts that by 2020 there will be 9 million tobacco-related deaths annually, compared with almost 5 million today; obesity will kill another 5 million people an-

nually, compared with 3 million now.

WHO says that if all prevention issues are addressed, healthy life spans could increase by as much as 16 or more years in parts of Africa and by 5 years in developed countries such as Canada. — *Barbara Sibbald*, CMAJ

