

son of marginal costs with incremental benefits for each shift in strategy. Focusing on each patient's lifetime rather than on a given calendar year would highlight, among other things, uncertainties in the long-term side effects of use of a relatively new agent such as cimetidine.

The prototype decision tree shown in figure 4 (pp. 26-27) could serve as a starting point for such an analysis. At least one group of researchers, in Switzerland, has begun to take a decision-analytic approach to the lifetime consequences of duodenal ulcer treatments (137). Their published analysis is restricted to a specific 50-year-old male patient, and one might fault their figures for not discounting future costs and benefits, but these researchers do approach the problem in an appropriate way.

If the object of analysis is to help inform clinicians and health policy decisionmakers about the efficient use of resources in the care of patients with ulcer disease, then the most helpful approach would be to do a CEA, oriented to particular groups of patients, comparing incremental clinical benefits, in terms of morbidity and mortality, to marginal resource costs. An assessment of the cost effectiveness of different management strategies in all patients with ulcer disease would be an enormous undertaking, but analyses do not have to be global to be valid and useful. As long as their limitations are understood and taken into account, such studies can aid both health policy formulation and medical decisionmaking.

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