Thinking the unthinkable: rationing and assisted suicide

There are certain things we would rather not think of but that refuse to go away Of the two I covered some two years ago under the title of "Slippery slopes" (10 November 1990), the most widely discussed remains the limiting or rationing of some aspects of health care We are being repeatedly warned that measures to cut costs have so far had little impact and that the hard choices still remain to be made as increasingly expensive technologies and therapeutic agents become available So far, many profess to be ready to go but few are ready to jump, as illustrated by the administration's recent veto of the Oregon health plan on the grounds that it discriminates against disabled people

The plan, it may be recalled, had ranked treatments according to cost effectiveness, paying for some but not others Notably, it would not have paid for treating terminal cancer or AIDS, for liver transplants for alcoholics, or for care of very small premature babies, who almost invariably die The argument about violating the federal disabilities act was deemed to be legalistically correct, but critics saw it as a "smoke screen" to avoid controversial issues during the election campaign Many thought the plan was too rigid, mechanistic, hard on the poor, but nonetheless a reasonable attempt to contain rising health costs while at the same time providing medical coverage for most of the indigent people in the state Public opinion and most of the newspapers were not unsympathetic to the plan, which will be modified and resubmitted by the state and therefore is far from being dead

The other issue, even more controversial and emotional, is doctor assisted suicide So far, referendums on euthanasia have uniformly failed, yet public opinion seems to be swaying ever so slightly towards somehow accommodating certain individuals' desire to cease to live This summer a judge dismissed charges against the pathologist who had helped four chronically ill women end their lives with a homemade injecting device The judge said that the state had no law against helping another person to commit suicide but ordered the doctor to desist until the issue was clarified by the courts or the legislature

This time many of the newspapers were surprisingly sympathetic Even one of the more conservative papers mused that perhaps people should be allowed to make individual choices and that this would be a better society if people wishing to die could do so with dignity and medical help Yet at minimum there would have to be assurances that such a person would have had a thorough evaluation and was not suffering from a depressive illness It should also be "clear that he is not being pressured into ending his life because he feels he is a burden to those he loves or because his money is running out or because he is temporarily discouraged or just having a few bad days" The newspaper concluded that the 'suicide doctor" has undoubtedly pushed this issue too far for most of us, but that it will have to be faced because it is not going to go away —GEORGE DUNEA, *attending physician Cook County Hospital, Chicago, USA*