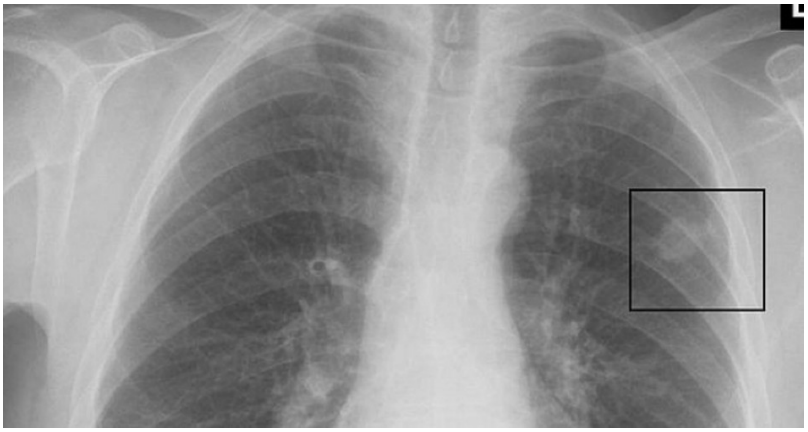
Written by **Brian Koenig** on August 15, 2013

Oregon Expands "Death Panel" Healthcare System



The state of Oregon is rationing healthcare to Medicaid recipients, says Gayle Atteberry, the executive director of Oregon Right to Life, following a trend largely encouraged by President Obama's Affordable Care Act. Atteberry recently attended a meeting of the Health Evidence Review Commission (HERC), a committee affiliated with the Oregon Health Authority, and concluded that Oregon's healthcare system is encouraging the denial of medical care.

During the meeting, a new death-panel type guideline was approved. "Death panel" is a term referring to ObamaCare's panel of bureaucrats who decide whether or not certain Americans should receive medical care, through deciding which treatments to cover or not.

The guideline virtually summarizes the description of a death panel, stating, "Treatment with intent to prolong survival is not a covered service for patients who have progressive metastatic cancer."

According to HERC, "In no instance can it be justified to spend $100,000 in public resources to increase an individual's expected survival by three months when hundreds of thousands of Oregonians are without any form of health insurance." In effect, the only option for these terminal patients is palliative care, an end-of-life alternative that provides relief from pain, symptoms, and stress of a serious illness. HERC explains:

> The new guideline allows payment for curative treatment for nearly all cancer patients. Those patients with very serious, metastatic cancer who have such severe health issues (such as kidney failure or heart failure) that curative chemotherapy would be too toxic for them should not get this type of treatment. Patients who have been given many types of current curative chemotherapy but continue to decline in health and have a very limited ability to care for themselves, should also not get more curative chemotherapy.
>
> The new guideline REQUIRES patients and doctors to have a frank and open discussion about the patient's goals of care and what can really be expected from various care options, including chemotherapy. This conversation needs to cover the harms and side effects of treatments, and allow the patient to make choices about what treatments he or she wants based on his or her values, in shared decision making with his or her doctor. This type of discussion has been shown in scientific studies to improve cancer patients' lives and allows these patients to spend more time with their families instead of in hospitals.

Commenting on the rule, Atteberry conceded that the Oregon Health Plan already has a guideline such as this implemented, but claims that the old provision affected a much smaller group. The new, broader guideline will likely be enforced more rigorously — which will transform a more isolated rationing system into a broader, death panel-guided system.

Meanwhile, the Oregon Medicaid system is happy to subsidize assisted suicide, offered to terminal cancer patients as an alternative to life-extending treatments. In 1997, Oregon passed the Death with

Dignity Act, which permitted terminally ill residents to terminate their lives through the administration of lethal medications, prescribed by a doctor for that purpose.

Following a steady, upward trend, the number of assisted suicide prescriptions and deaths broke yet another record in 2012, with a 30-percent increase since 2009. That law, too, has come under fire. It is not set up to prevent elder abuse, says Margaret Dore, a lawyer from Seattle and the president of Choice Is an Illusion. In fact, Dore notes, assisted suicide statistics in Oregon are consistent with elder abuse.

"Oregon's assisted suicide law, itself, allows the lethal dose to be administered without oversight," Dore noted in a blog post earlier this year. "This creates the opportunity for an heir, or someone else who will benefit from the patient's death, to administer the lethal dose to the patient without the patient's consent. Even if he struggled, who would know?"

Even more disturbing, typically persons who take this route of "treatment" are seniors who are middle class or above, a group disproportionately at risk of being financially exploited. "Oregon's law is written so as to allow such abuse to occur without anyone knowing," Dore continued, adding that statistics on the rate of assisted suicides fall in line with elder abuse.

Coinciding with Oregon's healthcare rationing system, there have been cases where patients have been refused medical treatment and instead offered assisted suicide options. The U.K. *Telegraph* reported on two Oregon cancer patients where this scenario occurred:

> Barbara Wagner had recurrent lung cancer and Randy Stroup had prostate cancer. Both were on Medicaid, the state's health insurance plan for the poor that, like some NHS services, is rationed. The state denied both treatment, but told them it would pay for their assisted suicide. "It dropped my chin to the floor," Stroup told the media. "[How could they] not pay for medication that would help my life, and yet offer to pay to end my life?" (Wagner eventually received free medication from the drug manufacturer. She has since died. The denial of chemotherapy to Stroup was reversed on appeal after his story hit the media.)

Still, ObamaCare proponents and other critics relentlessly attack conservatives and libertarians for painting government-intrusive healthcare laws as a pathway to "death panel" medical care.

Photo of lung cancer