



Written by on June 30, 2010

Overtreated to Death

From the “more is better” school of thought comes the idea that more of anything, including healthcare treatments is better, yet studies show that ‘overtreatment’ of incurable diseases has sometimes worked to the detriment of patients. They are being over-treated up to the point of death. Whether those treatments are patient- or doctor-driven is another question.

MSNBC.com reported (June 28) in a story titled Many Americans Overtreated to Death, many patients, particularly those with incurable diseases, are spending more of their final days in hospitals trying “last ditch treatments that often buy only weeks of time and racking up bills that have made medical care a leading cause of bankruptcies.”

Marilynn Marchione’s article noted several cases of patients who spent their final days in hospitals, losing precious time away from their families.



The Dartmouth Atlas Project (DAP), which tracks health care trends, in a report on End-Of-Life care stated that more than 90 million Americans live with a chronic illness, and seven out of ten die from chronic disease. But is that what they want? The DAP website revealed that the care patients get is not necessarily the care they want. In a study funded by the Robert Wood Johnson foundation, evidence showed that most people with a serious illness said they would prefer to die at home, but that most died in hospitals, their care not being aligned with their preferences. The conclusion was that a patient’s wishes can be less influential than the practice patterns at the hospital where care is delivered. The findings emphasize the need to ensure that patients, families, and doctors engage in discussions about preferences before they become seriously ill and that providers respect those preferences. Hospice and palliative care, stressing comfort and quality of life, are often started too late.

Has our litigation-addicted society scared physicians so much that they fear lawsuits for not treating patients? Or, has the fighting spirit of America become so ingrained that patients or doctors don’t give up? This author’s husband (director of an oncology program for a large hospital system) told of a morbid joke amongst doctors. When asked why a funeral director nails a coffin lid shut, the medical community answers, “to keep the medical oncologists out.” That is to say, they have a reputation of treating a patient when it is no longer beneficial in a frantic attempt to “win.”

Dartmouth reported that treatment in the last two years of life is responsible for the expenditure of nearly one-third of all Medicare dollars. “People are actually now sicker as they die,” and some find that treatments become a greater burden than the illness was, said Dr. Ira Byock, director of palliative care at Dartmouth-Hitchcock Medical Center. New, expensive cancer drugs claim to improve survival rates



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by 30-50 percent, but that means perhaps extending life from only two weeks to three. Of course, every possible effort should be made for patients who desire that, but Marchione's article reveals that families, patients, and doctors don't know how to talk about alternatives to aggressive treatment.

In our incredibly confused healthcare/insurance environment hospitals, insurance companies, doctors, municipalities, and families groan under the burdens of increased regulation and costs, illegal immigrant care strains the system to the point of breakage, and ObamaCare is proving to be an abysmal failure, while the needs of the most important person, the patient, get pushed aside, or worse, ignored. Never is it to be assumed that patients should be "helped" to die, but a patient's wishes should always trump those of a doctor or hospital.

The marked increase in the number of patients with chronic disease should encourage Americans to guard their own health — many alternatives are available to prevent these diseases. But for those who suffer, compassion is needed. Whether one chooses aggressive treatments, or to die at home with palliative care are very personal decisions. In either case, hope, and faith in God should always prevail, but sadly, God is taking a back seat these days in our thinking.

I'll bet He won't stay there.



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