

Post-Standard Editorial

'Death panel' demagoguery shouldn't kill sensible policy

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The Associated Press SEN. CHARLES GRASSLEY, R-Iowa, speaking here at a town meeting on health care reform in Iowa Aug. 12, opposes the advance-directive provision and has vowed to keep it out of Senate legislation.

The United States has great medical care and pays top dollar for it -- though more than 40 million Americans don't have insurance to cover those costs.

Not included in that number are Americans age 65 or older who are covered by Medicare. Fully one-third of Medicare spending is devoted to treating patients with chronic conditions during their last two years of life.

All too often, final days are spent tethered to machines that monitor a relentless downward spiral. How much better off many of these patients would be at home, surrounded by family, relieved of suffering as the end approaches.

That's why it's important to have a "living will" and/or a "health-care proxy" long before fateful decisions must be made. Living wills may specifically request or limit "heroic" treatments like breathing machines, blood transfusions or intravenous feeding. A health-care proxy ensures that loved ones can take over when patients no longer can speak for themselves.

The hospice movement grew out of the idea that there is an alternative to escalating medical intervention to "save" terminal patients. In recent years, palliative care has become its own medical specialty, focused on relieving suffering as a top priority. Specialists are willing to engage in the moral, ethical, even theological issues that arise. What they have taken to heart is that dying is as natural a process as living -- and that with the best medical advice and counseling, individuals and their families can benefit by having more control over the process.

Not so long ago, just about everyone was in favor of living wills and health-care proxies. That includes recently retired Alaska Gov. Sarah Palin, who signed a resolution calling on Alaskans to consider such "advance directives." The House proposal to allow Medicare coverage for end-of-life counseling is similar to recent legislation backed by Republicans like Sen. Johnny Isakson, R-Ga., and Reps. Charles Boustany, R-La., Geoff Davis, R-Ky., and Patrick Tiberi, R-Ohio.

Now the House proposal has become a radioactive battering ram in the hands of politicians who reflexively oppose President Barack Obama and the Democrats. They paint lurid scenarios of what Sarah Palin memorably called "death panels" -- imagined cabals of federal bureaucrats who decide which frail elderly person or child with a disability will die.

Not surprisingly, the fear-mongers find easy marks. Change in itself is scary, and there is rich vein of mistrust of government to be tapped. Add "death" to the mix, and matters quickly come to a boil.

Thanks in part to the "death panel" demagoguery, the sensible, compassionate and fundamentally uncontroversial advance-directive coverage provision reportedly has been dropped from Senate health care discussions. Once cooler heads prevail, erroneous misinformation is corrected and unfounded fears are dispersed, it should go right back in there, where it belongs.