

Eye on Washington by Nicholas F. Benton

Medicare opts for death

The new guidelines refuse to cover routine mammograms, pap smears, and AIDS testing.

Consistent funding cutbacks in the nation's Medicare and Medicaid programs have insured that the rate of avoidable deaths in America will increase dramatically, according to the latest guidelines of what kinds of treatment Medicare will and will not cover.

Major breakthroughs in medicine which have contributed to startling improvements in the survival rate of cancer and AIDS patients have almost all come as a result of technologies for early detection of the illness.

However, routine early testing for such conditions is almost never covered by Medicare, according to the "Medicare Coverage Issues Manual," whose latest revised version was published in the Federal Register Aug. 21.

According to the manual, "Use of mammograms in routine screening of 1) asymptomatic women aged 50 and over, and 2) asymptomatic women aged 40 or over whose mothers or sisters have had the disease, is considered medically appropriate, but would not be covered for Medicare purposes."

Why not? The guidelines clearly state that a radiological mammogram is covered by Medicare only if "a patient has distinct signs and symptoms for which a mammogram is indicated"—i.e., only if a woman already has manifest symptoms of breast cancer.

However, any medical expert will tell you that the chances for survival of a woman who has failed to detect

breast cancer until it has become visible are infinitely less than for a woman who has caught the cancer, through a mammogram, in its earliest stages.

Indeed, early mammographic screening frequently saves victims from certain death from the disease. It is for just this reason, that public service television spots are regularly aired, urging women to submit to routine examinations.

For Medicare policymakers to brazenly ignore this reality, knowing that if routine screening is not covered by Medicare then none of those served by Medicare can afford the testing themselves, is a witting decision to encourage a preventable fatal illness to take all the lives it can.

The same has to be said about the decision to exclude routine pap smears for women from Medicare coverage.

Again, the appearance of symptoms of cervical cancer must precede the use of a pap smear in order for it to be covered by Medicare—even though doctors urge routine testing as an often life-saving preventive measure to catch a problem before it has manifested outward symptoms.

A third scandal involves the refusal by Medicare to cover routine testing for exposure to the Acquired Immune Deficiency Syndrome (AIDS) virus. Tests for exposure to the AIDS virus "may be covered when performed to help determine a diagnosis for symptomatic patients. They are not covered when furnished as part of a screening program for asymptomatic persons."

This not only discourages individuals from knowing whether or not they are a risk to others, but it also discourages them from taking early action to ward off effects of the deadly virus in case they are infected.

The Medicare report was published after National Institutes of Health reports that early use of the drug, AZT, which is approved for treatment of AIDS victims, helps to prevent the onset of full-blown AIDS.

This discovery has led to a change in attitude toward testing for the virus among many high-risk groups, who now realize that early detection of exposure to the virus can be vital to extending life.

But not if you are forced to rely on Medicare. Medicare won't cover the cost of a test until you are almost ready to die from the disease.

What makes this especially cruel, is the new evidence that the average carrier of the AIDS virus lives eight years or longer before he or she manifests any symptoms. To be discouraged from receiving a test for so long a period makes an enormous difference in both the number of other persons placed at risk of exposure, and the impact that early treatment by AZT can have in delaying or preventing the eventual onset of full-blown AIDS.

While these life-saving routine early treatments are denied to Medicare recipients, by contrast, policymakers have determined that Medicare will cover such things as the sterilization of mentally retarded patients, and such "New Age" medical hocus-pocus as "biofeedback" treatments.

The policy is already famous for refusing to cover life-saving liver transplant procedures, on grounds that they are "experimental."

These are just a few layman's observations of outrages in the guidelines. Medical professionals, I'm sure, will be able to find dozens more.