Oregon program will cut life-saving care

by Linda Everett

In early May, the state of Oregon announced the completion of a major step towards its plan to ration health care services to the state's poor and uninsured. The Oregon Health Services Commission, an 11-member government-appointed body, released a computer-generated list which prioritized over 1,600 medical procedures based on the cost of treatment, the patient's "well-being" after treatment, how long the patient is likely to benefit from the procedure, and how much society benefits as a whole. Given whatever state Medicaid funds are available, Oregon's legislature will draw a line somewhere across that list. Whether a patient lives or dies depends upon what priority is given to the life-saving treatment he or she needs.

The commission cautions that the list of treatment ratings is only a draft, and that many changes are likely. But the fact is, the Oregon Plan was born out of a political commitment to cut down health care to match ever-shrinking budget resources. Rather than expand production and create new resources to protect society's needs, the plan's backers, like the Nazis before them, have shown themselves willing to triage those who have been determined to lead lives "not worthy to be lived."

How can a plan which targets the state's sickest and neediest, be "improved"? Every time the budget shrinks, more procedures will be eliminated—and more Oregonians will be forced to die or languish without life-saving and life-maintaining medical treatment.

The lie of expanded coverage

Oregon officials have already cut costly health-care using the rationale that by eliminating expensive high-technology medical treatments that save only a few lives, the state could extend preventive care services to double the 130,000 people who are now covered by Medicaid. But that's all bunk. The main impetus behind this program is to cut costs *and* medical care, as was explicitly pointed out by the "grass-roots" group, Oregon Health Decisions, which is funded by both Blue Cross and Blue Shield and Prudential insurance foundations. Dr. Michael Garland, a "bio-ethicist" who worked on the plan and president Oregon Health Decisions, has stated, "The cost of health care is unsustainable, and people want to put on the brakes somewhere." Former Colorado Gov. Richard Lamm, infamous for his statements that the old should stop using scarce resources and should just die, has similarly stated, "Somebody has to have the guts to say what policy brings the most good to the most people."

Another group trying to influence society into accepting the "ethics" of "hard choices," is a consumer coalition called Oregon Health Action Campaign, whose president, Ellen Pinney, has stated that "Nearly 60% of all medical procedures are unnecessary and inappropriate." Like Oregon Decisions, this group was involved in rating medical procedures not based on whether a procedure saves lives, but rather according to the new "ethics," with questions such as: "Should we spend our limited resources on someone who will die in six months, or on someone who could live for years and support his family?" Oregon Senate President John Kitzhaber, M.D., who conceived the Oregon Plan, claims it is "unethical" to use enormous resources to keep alive a handful of people, like 7-year-old Coby Howard, who died after Oregon cut off funds to pay for his bone marrow transplant, while so many go without basic health care.

Life rests on a mathematical formula

The rating of 1,600 procedures was determined by dividing the cost of a treatment by the number of years the average person might live after that treatment. The result was then divided by the number assigned to that treatment on a "Quality of Well-Being" scale made up of individual and community values, and predicted health outcomes and the benefits of varied methods of treatments.

For instance, osteoarthritis is given a low ranking for treatment, despite the pain and disability an individual might endure. A typical office visit costs $49.26, which may benefit the patient for a half-year. The $49.26 cost is divided by .50 years. The result, 98.52, is then divided by the Quality of Well-Being scale, which in this case is .115, for the final cost-to-benefit ratio of 855.34. Treatment is therefore unlikely for this condition, and a host of others, including all AIDS-related diseases. Thumbsucking, however, is high on the list because it is cheap to treat and affects a large number of people. Although allegedly designed to expand Medicaid services to those below the poverty line, and especially to provide prenatal and childbirth care for poor mothers, funding for this program ended up half-way down the list.

When Senate Bill 27 on health care rationing was passed last July, the Health Services Commission was appointed and charged with addressing three major areas: social values, health outcomes, and mental health and chemical dependency. Whatever its stated purpose, the Social Values Subcommittee was organized to measure the willingness of the population to forgo life-saving or life-sustaining care. Now, Oregon will test the federal government, which pays part of each state's Medicaid costs. Congress must first approve Oregon's requested waiver on prescribed Medicaid treatments, which it will consider this autumn in the Budget Reconciliation Act. If Congress agrees, the rationing plan with its list of rated procedures will be implemented in July 1991.

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