

HEALTH

Most Critical-Care Physicians Have Withheld Life-Sustaining Treatment

In a survey of critical-care physicians, 96 percent said they had withdrawn or withheld medical treatments from patients with the understanding that death would follow.

Mechanical ventilation, which helps patients continue to breathe when they are unable to do so themselves, was the type of life-sustaining treatment most commonly withdrawn.

Twenty-nine percent of the physicians reported withdrawing mechanical ventilation from three to five times in the preceding year, and another 26 percent reported withdrawing it more than five times.

The survey of 879 critical-care specialists, conducted in 1989-90, appears in the February issue of the American Journal of Respiratory and Critical Care Medicine, published by the American Lung Association.

"I'm not surprised at all that the number of physicians who have withdrawn life support is high," says Louis Libby, M.D. Libby is a Portland pulmonologist and member of the Oregon Thoracic Society, the medical branch of the American Lung Association of Oregon.

"Most patients want the option of withdrawal of life support when the prognosis is bad," Libby says. "Withdrawal of artificial life-support allows nature to take its course. That's very different from physician-assisted suicide, in which a doctor takes an active step, by administering medication, to end a patient's life."

Molly Osborne, M.D., says the survey's results don't surprise her, either. "Technical support should be used when it can make someone better, but not when it simply prolongs death," she says. Osborne, a Portland

pulmonologist, is president of the Oregon Thoracic Society and a member of the board of directors of the American Lung Association of Oregon. Osborne was also a member of an American Thoracic Society task force that developed a position statement on withholding and withdrawing life-sustaining therapy.

The new survey also found that the year before the study was conducted, one-third of the physicians refused to withdraw a patient's life-sustaining treatment even though a patient or family members wanted it to be discontinued. In three-quarters of these cases, the physicians felt the patient had a reasonable chance to recover.

"It's not as if all of the conflicts between physicians and patients are in a single direction," said the study's lead author, Dr. David Asch of the

University of Pennsylvania School of Medicine and the Philadelphia VA Medical Center. "Sometimes physicians continue therapy when patients don't want it, and sometimes they discontinue it when patients do want it."

Dr. Snider says that either of these situations may occur when patients' wishes for end-of-life treatment clash with doctors' opinions.

"A patient may be thinking in terms of his quality of life and ability to function, while his doctor may be thinking just in terms of preserving life itself. It is the goals of patients that are critically important in this matter, not the goals of the doctor," he says.

The researchers conducting the survey conclude that physicians don't automatically accept requests by patients or their surrogates to limit or

continue life-sustaining treatment, but consider these requests alongside many other factors. These factors include the doctor's judgment about the patient's prognosis, fears of malpractice suits, and a perception that withdrawing life support is illegal or unethical.

Dr. Snider says that fears about legal problems surrounding life-sustaining therapy are misguided. "In all states, withdrawing or withholding life support is legal, providing proper procedures are followed," he said. "Fear of malpractice actions related to withdrawing or withholding life support also unfounded."

In his editorial, Dr. Snider noted "malpractice and criminal actions related to withholding or withdrawing treatment have been virtually nonexistent." He added that every court examining this issue has refused to

find that the laws governing either suicide or homicide forbid the withdrawing or withholding of treatment when the decision is made in good faith.

The researchers say the findings suggest that doctors need better guidelines for making decisions about life-sustaining treatment.

There is an important step patients can take to help ensure their wishes about life-sustaining treatment are followed, Dr. Libby says. He recommends everyone fill out an advance directive, such as a living will, which explains your wishes for medical care, including life-sustaining treatment.

For more information on breathing problems and lung disease, call the American Lung Association of Oregon at 246-1997 or 1-800-LUNG-USA.

Women For Sobriety

Women for Sobriety, a support group for women recovering from addictions, meets every Tuesday, 5:30-6:45 p.m., at Town Hall, 3704 North Interstate, Conference Room D.

One of more than 300 groups nationwide, Town Hall Women for Sobriety utilizes a discussion format to provide support based on the program's philosophy, which centers on issues of women's self-esteem. Members learn strategies to form healthy life and thinking habits.

Not a Twelve-Step Program, WFS is a non-profit organization which offers a philosophy of 13 Statements, such as (#1): "I have a life-threatening problem that once had me," and (#12): "I am a competent woman and have much to give life." Emphasis is on growth and on the present. Participants learn from the past, plan for tomorrow, and live today. Meetings are lead by a peer moderator.

Women are invited to call for further information or literature (Karen, 235-0647), or simply to attend a meeting. A \$2 donation is requested.

Mental Health And Chemical Dependency

Spring Vacation Can Be A Depressing Time For Kids...

Children who are left home with nothing to do during spring break can become lethargic, anxious, moody and bored. Experts offer guidelines on how to break the boredom.

Cures For TV Addiction...

Children who watch too much television, especially violent television programs, learn the wrong ways to resolve conflicts and are not intellectually stimulated. Mental health experts offer their opinions on the popular programs and suggest guidelines for television viewing.

Parental Guilt...

Parents today have to balance their responsibilities at work and home. They struggle to spend enough time with their kids and still have energy to be good employees. The result for many is often a guilty conscience. Experts can discuss this guilt and suggest ways to alleviate it.

The Effect Of Popular Music On Kids...

There's more concern than ever among parents about the messages in popular music. Many songs have frank lyrics on topics like sex, drugs, and even murder. And the videos that promote these songs are just as explicit. Mental health experts can answer questions about whether popular music encourages anti-social behavior in children, or if music is a positive outlet for the complex emotions of adolescents.

To schedule an interview, or if you have any questions, call me at (503) 649-4761 or Marcia Erickson at (503) 230-6305.

Overhaul VA Health-Care System, Veterans' Groups Demand

With Congress working to "re-invent government," four major veterans' organizations have proposed a sweeping cost-saving plan for the nationwide veterans' health-care system.

The plan, which has been presented to Congress, calls for overhaul of the Department of Veterans Affairs (VA) health-care system and vastly improved VA efficiency. The result, state the veterans' organizations, will be more services to more at lower cost to the American taxpayer.

The organizations -- AMVETS, Disabled American Veterans, Paralyzed Veterans of America and the Veterans of Foreign Wars -- in their ninth annual "Independent Budget" for the department of Veterans Affairs call for the removal of outdated VA regulations.

Current law, for example, limits access by most veterans to outpatient VA medical services, forcing VA hospitals to treat them in far more expensive inpatient settings. While these eligibility rules were designed originally to ration access to VA care and limit costs, they actually have hamstrung VA's ability to be efficient, according to standards of care in the United States today.

The 147-page "Independent Budget" finds that a simple change in

the law allowing VA physicians more options in treating patients will save VA a significant amount of money. The report cites VA studies indicating that up to 40 percent of those being treated as inpatients in VA hospitals could be treated more efficiently as outpatients or in other less expensive ways.

In fact, the report states VA could save up to \$2 billion yearly by providing care more appropriately and efficiently. The saving could be used to reduce the amount of money Congress must appropriate to VA to allow it to provide veterans with appropriate medical care. However, restraining the growth of Congressional appropriations is possible only if VA can keep the payments it receives from insurance companies and other third-party payers for the care it provides certain veterans.

Currently, VA must give most of these collections (\$535 million in FY 1995) to the treasury. The report indicates that with improved procedures, VA could collect at least \$800 million in third-party reimbursements in the near future. These collections would be a steady source of VA revenue, easing the burden on ever-inadequate Congressional appropriations increases. But the Veterans' groups warn that their budget plan is a mandatory two-step process. The

Congress cannot reduce the growth of VA appropriations without allowing VA to become more efficient and to keep its alternative funding sources.

The report indicates that if the Congress does nothing to implement these reforms, funding for VA health-care services in Fiscal Year 1996 would have to be \$18.8 billion -- \$1.8 billion above the level requested by the Clinton Administration. With the \$2 billion in projected efficiencies and the added third-party payments, the actual budget request for FY 1996 could drop to \$16.6 billion -- \$400 million less than the Administration's request.

The veterans groups also call for changes in law to remove certain inequities and emphatically state their opposition to proposals to means test, tax or eliminate compensation for veterans with service-connected disabilities. In addition to improvements in benefits, the veterans' groups identified serious problems in the delivery of benefits. They cited protracted delays in VA claims and appeals processing as evidence of underlying systemic deficiencies in need of prompt correction and urged Congress to provide the necessary resources and VA to undertake necessary reforms to remedy these deficiencies.

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