

Choosing Life by Choosing Death

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The subject of health care affects all Americans in some way. We each have our own needs, desires, beliefs, and opinions. This results in much controversy over varying practices. For instance, while some may believe abortion to be morally acceptable, others may feel it is only allowable in times of emergency, such as after a woman was sexually assaulted. Still yet, others may feel that, under no circumstances, should such a practice be allowed.

Such is the way with a newer topic of late: palliative medicine. With so many differing views on this one subject, there is much room for misinterpretation and slander. This results in the term “palliative medicine” being thrown about, and often in a loosely defined manner. In this case, it has even resulted in the creation of a new term, “death panels,” being used as a tool to invoke feelings of dread, misery, pain, and death. It is often used as a synonym to palliative medicine by the enemies of the practice. To begin understanding this situation, along with the epithet “death panels,” we need to first clearly define palliative care.

Palliative care is a relatively new form of medicinal care. The goal of this treatment option is actually not treatment; the primary focus is instead maintaining the quality of life of an individual who is facing impossible odds of recovering. When it is determined that a patient has little to no chance of survival, the decision is made that the best road may indeed be the one less taken. Instead of painful, costly, and unsuccessful treatments, the patient is given pain medications and a chance to live a life before dying (Hartocollis).

Using cancer as an example, some patients report no physical pain. However, this is not always the case. “Cancer pain” as it is called, can come in three varieties: somatic, visceral, or neuropathic, each one resulting in different feelings of pain. These pains are often caused by nerve cells being pushed against by growing tumors. Some psychological treatment methods, such as “Redirecting Thinking” attempt to direct the patient’s thoughts on other, more enjoyable things. Outside of these mental methods, the only cure for cancer pain is pain medication (Ortho Biotech). The pain of cancer, however, runs much deeper than physical pain.

According to one cancer survivor, cancer does not have to hurt physically. Regardless of your ability to manage pain, cancer will still hurt. Leroy Sievers, a cancer survivor, describes the first diagnosis as “a knife in your heart,” the first prognosis as a “punch in the stomach,” and waiting for scan results as “water torture – slow, agonizing, and excruciating.” The pain continues, says Sievers, stating, “It hurts in the dark hours of the night, when you're alone with your thoughts, and you have to confront the idea of your own death. It hurts when something simple reminds you that you may not be

around in six months, a year, whatever. It hurts when you think about the things you're going to miss" (Sievers).

These powerful words show us what it is like to be in the situation, more than merely observing it from an outside point of view. It also shows us the goal of palliative care: removing the pain associated with the final days. If we can imagine ourselves in the shoes of someone diagnosed with terminal cancer, we begin to see the goal of palliative care. Often, palliative care patients are capable of learning and understanding that death is imminent, and they soon come to accept this fact. This understanding allows them to see the world as an opportunity and have a better send off than if they lay in their hospital beds, hoping for a miracle recovery.

Palliative care allows patients to be happy until their death. We forget that these patients are going to die, barring the possibility of a miracle recovery that is ridiculously outside the realm of possibility, so they really have two options. They can opt to die in a hospital, racking up debt for their surviving loved ones and missing out on their last opportunity at enjoying the world and those in it. Or they can instead choose a second option, to die in the safety and comfort of their own home, surrounded by those who will miss them dearly.

Who then makes the decision that palliative care is the best option? The truth, despite what those trumpeting the term "death panels" would have you believe, is that it is a combined decision, made by the patient and the doctor. This decision is subject to change at any time by the patient, and the doctor is not capable of ever making or changing this decision (Hartocollis).

However, doctors do play an important role. The palliative care specialists often serve as advisers who help make the decision based on actual chances of recovery. They create and manage a psychological profile of the patient. In this profile, information such as the best methods for speaking with patients, the goals and wishes of the patients, and much more can be found. This profile gives the doctors a tool to help best treat them and choose between the question of life or death, such as when the fatal option of a do not resuscitate order should be given (Hartocollis).

This is where the derogatory description of "death panel" arrives. Enemies of the practice assume that, in palliative medicine, the patient is given little to no option. A board of doctors decides who gets to live and who does not. The option is left solely to the doctors, insurance, and hospitals. These false statements are meaningless, groundless, and pure slander by those who do not understand what palliative medicine truly is.

While it is true that the doctor has the option of "do not resuscitate," that option is made with a doctor-patient understanding of what the patient really wants. The doctor may propose certain treatment methods that focus more on living well than finding a cure, but with the patient's consent and desire for such methods. There is not a board of members who look at people on a case by case basis and say that a certain person will not be healed because they may not be able to pay for the procedures. This is not the goal of palliative medicine; the goal is the best possible ending for the patient, not a forced early

ending against their will based on varying factors, such as pre-existing health conditions and finances (Hartocollis).

So where does this term come from? One may believe it comes from the average human's inability to accept that which he does not understand. As a general rule, even if they do not fear death, humans do not want to die. Since most do not wish to die, it is hard for many to understand someone actually wishing to just go home and die, even if they would have died anyways, in a far less pleasing hospital setting. This lack of understanding causes us to assume, out of human nature, that it is not a fair practice to the patients and is, in some way, affecting the chance of living of patients against their will.

This misunderstanding, and refusal of acceptance of others beliefs, is not the only issue. As humans we inevitably fight for what we feel is right—it is part of what causes us to be separate from other species on earth. Not only do we have each have our own opinions of what is right and wrong, we obviously attempt to get others to accept these beliefs as well. This hope of creating a world more like what we personally desire leads to arguments of what should and should not be, in turn causing us to create these derogatory statements and terms about our argument opponents and their systems of beliefs.

As humans, we have to work towards a common ground. I believe the common ground in this instance is to allow patients to choose the option of palliative care if they wish. While others may not agree with this opinion and choice, if a patient chooses the road of palliative care, the choice does not affect the rest of the population. We need not worry about someone's decision if it has no effect on us as individuals.

If patients opting for the so called "death panel" treatment have any effect on the rest of the world, we can tell it is only in a positive form. As more patients choose the treatment method in question, the demand for some aspects of the health care industry goes down. According to basic level economics, as demand goes down, so does cost. Therefore, we can conclude that the only effect that palliative care patients have on the rest of the world is that they, while maybe not having a huge effect, actually lower the cost of health care for the average person.

The term death panel has slowly risen to popularity. With a small glimpse into the world of what this term stands for, however, we can see it is a groundless insult at a wholesome, honest, ethical practice. Simply being a different, uncommon practice is not enough to call it evil. We must not forget that at one time it was common and "correct" to draw blood using leeches for almost any type of malady. One hopes that, in time, innovative practices such as these can become more widely accepted.

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