

The Right To Die; And The Right To Die At Home

A patient of mine has recently talked of the death of her 75 year-old mother. The old woman was managed on a variety of medications, and careful balancing of these made it possible for her to continue existing, if only precariously, for a few years. These years of borrowed time provided an opportunity for the family to get to know the mother as a person, to make peace within themselves with many old hurts, and to accept and even enjoy her at times in a real adult relationship. When the complex balance of her many medications finally failed to work, the family was frankly told by the physician that the time was at hand when she would no longer be able to ambulate and take care even of her elementary needs. The choice was hospitalization and an artificial prolongation



DR. BAR-LEVAV

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of life, or letting her die gradually at home. The family, with rare and admirable courage, decided to keep Mother at home, rather than increase her anxiety, loneliness and fear, the probable results of putting her in the efficient, but sterile, environment of a strange institution.

The weeks that followed were difficult and sad, but also very meaningful for the entire family. They watched the ebb of life slowly recede from Mother's fragile body. It brought father, brothers and sister together as they have never been before, and it made them all more conscious of their own living. The

family is a large one, so they were able to administer to the dying person without the interference of strangers, and without impersonal nursing care that often proves annoying and provokes guilt. They were not hampered by arbitrarily set visiting hours, nor did they sit with her as a matter of duty, yet someone was usually there when she was conscious and awake. They learned to accept her dying as part of the normal process of living. Much pain was present as they watched her helplessly lose ground, but at no time was Mother handled as a specimen, a case, or a job.

When she finally took her last breath, no tubes were attached to her, nor any pieces of machinery. She died peacefully with dignity in her own bedroom, with close members of the family standing by. In a real sense, she expired like a candle.

Contrast this with what happens to patients in hospitals. The details need no elaboration. Prolongation of life under similar circumstances is always useless and always a frighteningly expensive agony. It entails suffering for the dying person as it does for members of the family, who may be too timid or too guilty to insist that since life has its own rhythm, it be allowed to end when the time has come. Families, in effect, often abandon the dying into hospitals, washing their collective guilt with artificial gestures of uselessly long and unnecessary vigils. The cost to society of such needless hospitalizations is enormous and is heavily reflected in the escalating price-tag of medical care. It often

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WCMS Council Actions

Summary of Meeting, April 4, 1977

APRIL 4, 1977

Present: Dr. Arthur Ulmer, President; Drs. Sidney Chapin, Ralph Cooper, James Danforth, Jr., Benjamin Jeffries, George Mogill, Robert Priest, Kenneth Ray, Richard Royer, Enrique Signori, Robert Sobel, Lee Stevenson, Theodore Todoroff and Louis Zako. Also present: Drs. Frank Walker, Robert Allaben, Joseph Berke, Gerald Mandell, Robert Songe (Planning & Priorities Committee), Mr. William Walker, WSU Medical Student, and Mr. Roger Mecum.

A. PRESIDENT'S REPORT:

In his report, Dr. Ulmer outlined the following items: Report on Meeting with the Presidents of the Detroit District Dental Society and the Wayne County Osteopathic Association; WCMS Programs Planned; WCMS Membership Services Survey; WCMS-AMA Flight to San Francisco; Ad Hoc Committee on Professional Liability; MEDIX TV Series back in Detroit Market.

The Council acted on the recommendation that a Joint Committee be established by representatives from the Wayne County Osteopathic Association, the Detroit District Dental Society and the Wayne County Medical Society to meet on a quarterly basis to discuss areas of interest concerning matters of public health. Also, The Council recommended that Mr. John Desenberg and Mr. John Frakes be added to the Ad Hoc Committee on Professional Liability.

B. RECOMMENDATION OF PLANNING AND PRIORITIES COMMITTEE:

Dr. Frank Walker, Chairman of the Planning and Priorities Committee presented to The Council a recommendation for a restructuring of the Wayne County Medical Society. Following a thorough pre-

sentation by Dr. Walker and discussion, The Council approved a recommendation that the new proposed plan be approved and presented to the membership. Before presentation to the membership, the recommendation has now been referred to the Bylaws Committee to prepare the proper language and plan of implementation. The Report of the Bylaws Committee will then be referred back to The Council for final review. The recommendation included the following elective processes and representative bodies for Wayne County Medical Society:

1. Offices of President-Elect, Secretary and Trustee be elected by the entire membership.
2. Representatives to the Delegate Body would be elected by either hospitals or geographical areas. (WCMS members would be required to indicate either a hospital affiliation or a geographical location and would vote for their representative/representatives to the Delegate Body. A ratio of 1-20 was established, i.e., one representative to the Delegate Body for every twenty WCMS members.
3. The Delegate Body would be structured as follows:
 - Chaired by WCMS President
 - A Vice Chairman is elected by the Delegate Body
 - Meets at least quarterly
 - Delegate Body is the legislative body of WCMS, and also composes the Delegates and Alternates from Wayne County to Michigan State Medical Society (if odd number from hospitals or geographic areas, there would always be one more Alternate designated than Delegate) . . . the Alter-

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places a most difficult burden on the involved family, too. Nobody benefits by such procedures. Everybody is the loser.

Physicians need to be reminded that they are the only ones who can restore some measure of sanity into such difficult and guilt-ridden situations. The almost automatic recommendation that very sick patients be hospitalized should be carefully evaluated in each case. Insurance carriers would also be wise to consider compensating physicians equitably and fairly if they agree to trouble themselves and care for patients at home. Reasonable safeguards will minimize abuse of such a benefit while reducing hospitalizations that offer no hope of either restoring a person to life or minimizing his suffering. Many physicians fail to remember that letting a patient die is as much a part of good medicine as is helping others live and get well.

The American Civil Liberties Union, being guided by the confused emotions of its leadership rather than by reality, paradoxically understands less well than a convicted murderer on death row that the way of dying may be no less important to a person than the way he lives. Physicians, too, should reexamine their attitudes, feelings and values on such a delicate matter. The right of a person to live with dignity becomes meaningless and empty if we, as a society, rob him of his right to also die with dignity.

R. Pan-Lewin M.D.

Wayne County Medical Society

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President's Report

1. DATE CHANGE FOR PROFESSIONAL LIABILITY PROGRAM:

The new date for a general membership meeting on professional liability is TUESDAY, MAY 24. The meeting will be held in Oakwood Hospital Auditorium and will include a panel discussion on going bare, bankruptcy, medical records, power of subpoena, and general liability protection. The panel is expected to include local attorneys who are experts in the field of medical liability. Further details will be provided when the program is completed.

2. MPMLC UPDATE:

Michigan Physicians Mutual Liability Company as of April 14, 1977:

Total applications bound	1068
Applications denied	15
Premiums received	\$4,729,000.00
Surplus Certificates	4,404,000.00

3. WCMS REPRESENTATIVES MEET WITH KAISER PERMANENTE REPRESENTATIVES:

Kaiser Permanente Advisory Services has been hired by the Ford Corporate Insurance Department of Ford Motor Company to be consultants on a feasibility study for a Kaiser plan at Ford Motor Company and the Detroit community. The meeting was held to discuss why Kaiser had been hired as consultants, what kind of study was being conducted, and what timetable the study was under. Representatives from Kaiser were: Cecil C. Cutting, M.D., Medical Advisor;

John Boardman, Executive Vice President; and Wayne Moon, Vice President and Manager for Southern California region. WCMS representatives included: Donald Sweeny, Jr., M.D.; Marion McCall, M.D.; Louis Heideman, M.D.; Robert Hamburg, M.D.; and Mr. Roger Mecum.

The study is expected to be completed by late summer. The study is concentrating on: 1) Legal aspects—especially as it relates to Michigan HMO Bill, 2) Market information for Ford Motor employees and the Detroit community at large, and 3) Health care delivery patterns in Detroit area.

Areas of discussion during the meeting included: Control of utilization, enrollment, use of paramedical personnel, liability, cost per member per month, Medicare-Medicaid, and operational aspects and problems.

4. NEW MALPRACTICE BILL INTRODUCED:

HOUSE BILL 4515, introduced April 6, proposes to legislate a definition of medical malpractice and place the burden of proof on the plaintiff. The brief definition states, "In an action alleging malpractice the plaintiff shall have the burden of proving by affirmative evidence that; (a) The defendant failed to provide the plaintiff the recognized standard of acceptable professional practice in the profession or the specialty of the profession in the community in which the defendant practices or in a similar community (and) (b) As a proximate result of the defendant failing to provide that standard, the plaintiff suffered an injury which would not otherwise have occurred."

5. Report From Wayne Delegation:

The Wayne County delegation to MSMS has submitted the following resolutions to MSMS for consideration at the May House of Delegates. In addition the Wayne Delegates approved and endorsed the Guidelines for MSMS, prepared by Dr. Marion McCall for endorsement of service benefit medical payment programs. The approved recommendation is as follows:

The Council of MSMS will exert its "Best Efforts" to insure the active and en-

thusiastic cooperation and support, by all members of MSMS, of any Council approved or endorsed *service benefit* medical payment program.

A. As a correlary, The Council of MSMS will enthusiastically make known to all members of MSMS why it feels they should not support or cooperate in any service benefit medical payment scheme of which it neither approves nor endorses.