

Oregon Rationing Cancer Treatment but Offering Assisted Suicide to Cancer Patients Paying to Die but not to Live

Imagine your health insurance company will not pay for the expense of beneficial cancer treatment, but will pay for the expense of physician-assisted suicide. Advocates of legalizing physician-assisted suicide suggest that “choice” is an important reason. But what happens when you have cancer and your health insurance carrier informs you that assisted suicide is your only choice. You think it can’t happen? Ask Barbara Wagner of Springfield, Oregon, or Randy Stroup of Dexter, Oregon.

This example of rationing of health care and promoting assisted suicide is covered in an extensive article entitled “A Gift of Treatment – When the Oregon Health Plan fails to cover a cancer drug, the drugmaker steps in” by Tim Christie in the June 3, 2008 edition of The Register-Guard newspaper of Eugene, Oregon.

Two Oregonians on the Oregon Health Plan and who have cancer told the following stories to the reporter, Tim Christie.

Barbara Wagner of Springfield, Oregon, a 64-year old great-grandmother was diagnosed with lung cancer about two years ago. Her cancer was initially treated with chemotherapy and radiation and went into remission. In early May 2008, a CT scan revealed her cancer was back and her cancer physician prescribed Tarceva (brand name for erlotinib), a pill taken once a day for the purpose of slowing the cancer growth and extending her life. Studies show the drug provided 30% increased median survival rate for patients with advanced lung cancer. One-year-survival rate for patients who took Tarceva increased by more than 45% compared to patients who took a placebo. She is on the Oregon Health Plan (Medicaid) and was notified in May that the Plan would not cover the beneficial chemotherapy treatment, “but that it would cover palliative, or comfort, care, including, if she chose, doctor-assisted suicide”.

Barbara Wagner said she was devastated when she found out that the Oregon Health Plan wouldn’t cover the cancer medication prescribed by her oncologist. “I think it’s messed up,” Wagner told the reporter, bursting into tears. She was particularly upset because the letter of denial said that doctor-assisted suicide would be covered! “To say to someone, we’ll pay for you to die, but not pay for you to live, it’s cruel,” she said. “I get angry. Who do they think they are?”

Having been given no help or hope from the State of Oregon, her oncologist appealed to Genentech, the company that markets Tarceva in the United States, to cover Wagner’s medication. On Monday, June 2, she got the call from Genentech that they would cover the drug for a year, at which time she could re-apply. She was expecting delivery of the drug on June 3. “It’s fantastic,” she said. “I can’t wait to start the medication.” Ultimately, the drug company demonstrated more concern about Barbara’s continued survival than did the state of Oregon.

Randy Stroup, a 53-year-old Dexter, Oregon resident recently found out that the Oregon Health Plan wouldn’t cover mitoxantrone, chemotherapy prescribed for his prostate cancer. His oncologist reported that mitoxantrone, the first chemotherapy approved for prostate cancer, has been around about 10 years, and the benefit of using it for recurrent prostate cancer has been shown to be “not huge, but measurable”. “It would probably be of minimal benefit for a relatively short duration of probably several months,” he said. But while the drug may not extend a patient’s life by very long, it does help make those last months more bearable by decreasing pain, he said. Stroup said he wants what ever time he can get. “My perspective is, if

it works it works,” he said, “What is six months of life worth? To me it’s worth a lot.” This is my life they’re playing with,” he said.

He is still waiting to receive the medication, which the state has refused to cover.

“Numerous oncology studies have found that chemotherapy, used in a palliative setting, decreases pain, decreases time spent in the hospital and increases quality of life,” Dr. Caton, a Eugene oncologist, told the Register Guard reporter.

The Oregon Health Plan (Medicaid) uses a Prioritized List of Health Services established by the state Health Services Commission in determining what diagnoses, conditions and treatments will be covered. Since the origin of the Oregon Health Plan in 1994 one of its guidelines is that it will not cover the cost of surgery, radiotherapy or chemotherapy for patients with a less than 5% expected 5-year-survival. However such patients are eligible to receive comfort/palliative care, which includes “services under the Oregon Death with Dignity Act” (physician-assisted suicide), “to include but not be limited to the attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.”

The Prioritized List (www.oregon.gov/OHPPR/HSC/docs/Apr08list.pdf) states the following (Guideline on Comfort/Palliative Care is located following page 89 of prioritized services, in the Statements of Intent Section):

“It is the intent of the Commission that comfort/palliative care treatments for patients with an illness with <5% expected 5 year survival be a covered service. Comfort/palliative care includes the provision of services or items that give comfort to and/or relieve symptoms for such patients.” And under the Oregon Health Plan, physician assisted suicide is available to all such patients.

“It is the intent of the Commission to not cover diagnostic or curative care for the primary illness or care focused on active treatment of the primary illness which are intended to prolong life or alter disease progression for patients with <5% expected 5 year survival.”

“Examples of services which are not intended to be covered as comfort/palliative care include:

- Chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression. [This also excludes radiation therapy.]
- Medical equipment or supplies which will not benefit the patient for a reasonable length of time.”

**So the message from Oregon, so aptly stated by Barbara Wagner, is:
“We’ll pay for you to die, but not pay for you to live.”**

You have the choice!

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