



Letters to the Editor

Homicide Charges in the Wake of Katrina

What actually took place in the Memorial Medical Center during Katrina?

Most of our information is from a single press report indicating the prosecutor's charge of homicide against the MD and nurses who were there. What raised a red flag was the total absence in the article of any consideration of the lethal environment that of and by itself kills those in the senile (biologically speaking) years of life.

Yes, despite these considerations, direct dispatching of these patients may have occurred, i.e., homicide. But direct, willful termination of life is not the same as being forced to deal with end stage existence in people succumbing to 98 degree heat in 95 percent humidity without power (for fans, for cooling, or light or life sustaining equipment) or running water. My concern is that the medical profession not allow a grave injustice to be perpetrated by an overzealous prosecutor who sees no farther than the "smoking gun" of administered medications and death.

In Northern California, we recently had the chance to savor !he worst heat wave in recent memory. For over 10 days, temperatures were over 104 degrees with between 85 and 95 degrees at night. There were 103 deaths from heat related "injury" - mostly of persons over 80 years of age. Four elderly people living in residential hotels were found dead in their non-air-conditioned rooms in Sacramento alone.

There was no humidity problem. No power failure or lack of running water for cooling or consumption. When a nursing home in Woodland had a power failure, ambulances evacuated all the residents; none died. Should someone, anyone, be prosecuted for these deaths? I think not.

The details of the Katrina tragedies need to be sorted out. I think the common sense of the public can accept that excessive heat can be lethal for the physiologically weakened. They can understand that there can be circumstances when it may be humane for death to be hastened while alleviating the suffering of the dying.

Lastly, we must ask ourselves about the fairness of applying normal legal or medical standards *after the fact* to circumstances occurring in a disaster. The Litigious State must end at the borders of the Disastrous State; a declaration of natural or man-made disaster should put into place Good Samaritan rules under which altruism and volunteerism will not be prosecuted after the fact.

- Cleve Baker, MD

P.S. I spent my internship in New Orleans in un-air-conditioned medical/surgical wards.

A Spectacular Success in Reducing Tobacco Use

I had thought that the spectacular success that California has had in decreasing tobacco consumption and therefore decreasing lung cancer, was common knowledge in the medical community. Clearly it is not, so here it is:

Since the passage of Proposition 99 in 1989, the number of new smokers in California has consistently dropped. In addition, those who continue to smoke, smoke fewer cigarettes. Young people in California are much more likely not to start smoking. The California experience has now served as a model across the world, including Ireland and Scotland.

This has translated into this graph.

Think about the savings in human suffering and health costs this has translated into. Lung cancer rate is expected to continue to decrease as the gains we had in the 1990s continue to accrue for the next 10 years. Since funding has almost stopped for tobacco educational campaigns in the past four years, 14 to 20 years from now, we can expect the lung cancer rates to start going up again, unless we are able to find another way of stopping young people from starting the habit.

If you want further detail, you can find it at
<http://www.dhs.ca.gov/tobacco/documents/pubs/2004TCSupdate.pdf>

Just as doctors in private practice don't particularly feel that they are "rich doctors," I can assure you that governmental public health has never felt "well capitalized."

Finally, there is good documentation in the literature that a doctor's advice to stop smoking, to exercise more, etc., is very powerful in changing behavior. In fact, it is more powerful in getting someone to stop smoking than just about any other intervention that has been studied. Why wouldn't we want to use our collective "power" in this way in our NPR ads?

- Glennah Trochet, MD

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