

**What's Behind the "Paranoia" of People with Disabilities Concerning HB1054
Disconcerting Quotes**

Flu Nightmare: In Severe Pandemic, Officials Ponder Disconnecting Ventilators from Some Patients

By Sheri Fink

With scant public input, state and federal officials are pushing ahead with plans that -- during a severe flu outbreak -- would deny use of scarce ventilators by some patients to assure they would be available for patients judged to benefit the most from them.

The plans have been drawn up to give doctors specific guidelines for extreme circumstances, and they include procedures under which patients who weren't improving would be removed from life support with or without permission of their families.

The plans are designed to go into effect if the U.S. were struck by a severe flu pandemic comparable to the 1918 outbreak that killed an estimated 50 million people worldwide. State and federal health officials have concluded that such a pandemic would sicken far more people needing ventilators than could be treated by the available supplies.

Many of the draft guidelines, including those drawn up by the Veterans Health Administration, are based in part on a draft plan New York officials posted on a state Web site two years ago and subsequently published in an academic journal. The New York protocol, which is still being finalized, also calls for hospitals to withhold ventilators from patients with serious chronic conditions such as kidney failure, cancers that have spread and have a poor prognosis, or "severe, irreversible neurological" conditions that are likely to be deadly...

<http://www.propublica.org/article/flu-nightmare-officials-ponder-disconnecting-ventilators-from-some-pat-923>

**Deliberate termination of life in newborns in The Netherlands; review of all 22 reported cases between
1997 and 2004**

By A.A.E Verhagen, J.J. Sol, O.F. Brouwer and P. J Sauer

Abstract: Results: In January 1997-June 2004, 22 cases of deliberate termination of life in newborns were reported. All cases concerned newborns with spina bifida and hydrocephalus. Deliberate termination of life was acceptable to the physicians because of the presence of hopeless suffering, with no means of alleviating the suffering. In all cases, at least 2 doctors were consulted outside the medical team. In 17 of 22 cases, a multidisciplinary spina bifida team was consulted. All parents consented to the termination of life; in 4 cases they explicitly requested it. In 14 cases a combination of analgesics, sedatives and paralyzing drugs were used, in 8 cases only analgesics and sedatives were administered. For the public prosecutor the termination of life was acceptable if 4 requirements were properly fulfilled: the presence of hopeless and unbearable suffering, consent of the parents to termination of life, consultation having taken place, and a careful execution of the termination...

<http://www.ncbi.nlm.nih.gov/pubmed/15702738>

Faulty Diagnosis: Why Clinton's Health-Care Plan Won't Cure What Ails Us

By Willard Gaylin, MD

It is often difficult for laypeople to appreciate that good medicine does not reduce the percentage of people with illnesses in our population...it *increases* that percentage. ...Good medicine keeps *sick* people alive thereby increasing the number of sick people in the population; patients who are killed by their diseases are no longer part of the population...We no longer talk about diphtheria rates or whooping cough rates, even though those were the two leading causes of death in children for many generations. Those diseases have ceased to exist. But they were rarely expensive. The child either lived or died, and, for the most part, did so quickly and cheaply.

Harper's Magazine, October 1993: 59-60