

Editorial

A responsibility in death

The case of Oliver and Helga Wanglie, while tragic and deserving of our compassion, illustrates the tremendous waste and misappropriation of health care funds in the United States today. Poor and underprivileged populations are denied even basic routine medical and dental care — one of the results of this is that the United States ranks behind some Third-World countries in infant mortality rates. At the same time, resources are wasted in monumentally expensive transplant procedures and in keeping individuals alive without hope for a reasonable quality of life, or even of a life at all, as in the case of Helga Wanglie.

Oliver and Helga Wanglie, both 87, were married for 54 years. In May 1990, Helga suffered irreversible brain damage after respiratory failure and cardiac arrest. She remained in what her physicians termed “a constant vegetative state” and Mr Wanglie fought to keep her “alive” against the advice of physicians who recommended that life-support systems be terminated.

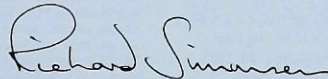
Oliver Wanglie took the hospital to court to keep his wife from a peaceful end to her life. He was successful. After 14 months on a respirator, and 6 months in court, the medical center recently lost its fight to unhook the respirator keeping Helga Wanglie alive. While the hospital based its case on the clear medical evidence that Helga Wanglie could never recover, Oliver Wanglie was praying for a miracle. Three days after Oliver Wanglie won his case, and 14 months after leaving her conscious environment, Mrs Wanglie died of “multiple organ failure.”

How long could this have gone on? Would Oliver have wanted Helga kept alive after his own death? Could Helga have lived another 10 or even 20 years on the machines of today, or with the next generation

of life-support systems? What about the cost, and who pays?

The medical costs for Helga Wanglie were approaching 1 million dollars at her death. Legal costs are unknown at this time. If the Wanglies had been independently wealthy and were willing to spend their family fortune on keeping themselves alive, no one could argue. However, the question is entirely different when limited resources contributed by society are at stake. Is it fair to use inordinate amounts of limited resources on heroic attempts at prolonging the life of individuals when these resources are contributed by society in the form of taxes or insurance premiums? These same finances could provide much-needed basic medical and dental health care to large numbers of less fortunate citizens. Surely, the resources earmarked for health care must be used to do the most good for the most people.

The case of Oliver and Helga Wanglie is a tragedy. Losing a spouse after 54 years of marriage, when near the end of one's own turn at the marvelous journey we call life, must be the ultimate personal catastrophe. Yet even then, we share a greater responsibility to society — a responsibility not to take more than we give. Not to take more than our share. Using vast amounts of limited resources in futile attempts at prolonging life is, in the final analysis, a selfish act.



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