

The New York Times

Letters

End-of-Life Planning and the House Health Bill

To the Editor:

Re "[My Near Death Panel Experience](#)" (Op-Ed, Nov. 15):

To the Editor:

Earl Blumenauer didn't kill my grandmother; heart disease did.

He says he didn't intend to kill anyone's grandmother when he proposed end-of-life counseling for patients, and he certainly didn't kill mine. My grandmother died peacefully in her sleep on Thanksgiving eve years ago. The sudden loss was painful, but my mother was spared the anguish of making difficult decisions.

I applaud Mr. Blumenauer for his end-of-life work as I sit here pen in hand, trying to review my 82-year-old mother's living will and proxy. It can be agonizing to separate rational thought from emotion. Political opposition attempted to destroy Mr. Blumenauer's efforts by using disgraceful rhetoric about death panels. This is so far from the truth.

Guidance from a physician is perhaps the kindest thing we can do for our loved ones. I want to help my mother with these documents, but right now I would gladly defer to a physician for that counseling session — if only that program were in place.

Nancie E. Celini
Pomona, N.Y., Nov. 16, 2009

Wednesday, November 25, 2009

THE WALL STREET JOURNAL.

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Government's Mammogram Report Is Bad Medicine

The recommendations made by the U.S. Preventive Services Task Force, while based on available scientific evidence, are alarming to many in the medical community ("[Breast Exam Guidelines Raise Furor](#)," U.S. News, Nov. 19). As a professor of public health, I am deeply concerned that by de-emphasizing screening in women under 50 years of age and only recommending biennial mammograms we will see an increase in mortality from breast cancer over the next decade.

One reason the U.S. lags behind other nations in health status is that we undervalue prevention in the practice of medicine. Instructing primary-care physicians to not teach young women breast self-examination and to reduce the frequency of mammograms in women in spite of the recommendations of the American Cancer Society and the American Medical Association is bad medicine.

Although it may be true that the incidence and mortality from breast cancer is higher in older women, to reduce these risks we must continue to emphasize the early detection and recognition of this disease. Sometimes the best medicine is a good dose of common sense.

Michael J. Reilly

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The Journal News

Exemptions place all at risk of disease

November 30, 2009

Re "Mumps outbreak reported in county," Nov. 6 article:

The Supreme Court ruled in 1905 that states have the authority to require vaccination. New York state's "religious exemption" to mandatory immunizations puts all of us at risk for life-threatening diseases.

The recent mumps outbreak is similar to one in the Midwest in 2006, when infected college students who had not been vaccinated spread infections through the student population. More than 6,000 were infected and many hospitalized.

Like 2006, this outbreak is foreboding. Rockland County Health Commissioner Joan Facelle stated that only one-third of the people who have come down with mumps had received both vaccine doses. Two-thirds had not. Those children's lack of vaccination placed everyone else at risk.

Mumps vaccines are effective for 90 percent of the population and have reduced the prevalence of this disease by 99 percent — from more than 150,000 cases per year, to about 250.

Additionally, if enough people are vaccinated, the entire community will be effectively immune — including the 10 percent for whom the vaccine did not work.

However, if vaccinations fall below a certain level, community immunity is lost and widespread outbreaks of the disease can occur. In the case of mumps, the threshold level is 75 to 86 percent.

This new outbreak shows that some communities have fallen below the community immunity threshold.

Because of their failure, we are at risk for serious mumps-related complications, including severe hearing loss, infertility and sterility, spontaneous abortion and meningitis.

New York must protect its citizens from the ill-advised choices of a handful of individuals.

William Steadman

Ossining

Letters to the editor for Tuesday, November 24, 2009

Hand sanitizer no cure-all

This is in response to the Nov. 17 op-ed titled "Season, reason for hand-washing should never end." With flu season in full swing in our region, too much focus has been on vaccine safety fears and disease myths but not on a simple prevention technique.

Who wouldn't take a pill that would rid your hands of all of the germs and bacteria that cause sickness? Such a pill would fly off the shelves in great numbers. It would probably cause a supply shortage followed by complaints over the inability to get it quickly.

However, how many people simply wash their hands to get the same desired effect? Your article title tells the reader that hand-washing should never end, but nowhere does it tell people to just wash their hands with soap and water regularly. Instead, the push to use hand sanitizers gets the bigger message.

A hand sanitizer is not a cure-all when its overuse can cause resistant super bacteria, dry flaky hands, alcohol poisoning or even accidental burns from exposures to open flames. Hand sanitizers should not replace the hand-washing lesson we learned as children. Don't forget that as we try to fight H1N1 and the other diseases.

Larry Klein
New Windsor
