

Morality should not enter the medical picture

The recent reports of a lesbian woman who was denied access to fertility treatment because of her sexuality coincided with a report in The Australian (1/2/97) of a new, state of the art treatment for people who suffer from emphysema as a result of cigarette smoking. Although these two reports were quite different, they raised a similar concern: who should make the decision about how our scarce health resources are spent and what criteria should be used?

Fertility treatments are for women who, for whatever reasons, are unable to conceive. For example, there are many fertile women with infertile male partners whose access to fertility treatment is not questioned. Yet fertile women with female partners are treated differently. The criteria seems to be a moral, not a medical, one.

Some people argue that people who are heavy smokers should not have access to expensive treatment such as open heart surgery. They argue that smoking is a lifestyle choice; smokers all know the risks. Yet, a significant amount of money has been invested in the latest treatment being performed at the Royal Alfred Hospital.

My concern is that doctors are currently given the exclusive role of gatekeeper to medical services. To treat or not to treat is a serious decision that can not be based on feelings of either prejudice or medical kudos.

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