

Health Issues - 1999

It is obligatory from the Torah for the physician to heal the sick (Maimonides commentary on Mishnah Nedarim 4:4). Maimonides listed health care as the most important communal service for a city to provide its residents. (Mishneh Torah, Hilchot De'ot IV:23)

Issue

To improve the quality of health care through a Patient's Bill of Rights at the United States federal level and in states where none exists, the expansion of trauma care and rehabilitation services and legislation of medical use of marijuana.

Background

Health care, as it has evolved in the United States, is largely delivered by health maintenance organizations (HMO's) which in many instances fail to address the needs of the community or even those of individuals. Political funding from insurance and managed care organizations has increased their power and profit to the detriment of patient's rights. There is a need for the federal government to pass legislation to protect patients from the managed care industry abuses. Doctors and patients, not insurance companies, must make decisions about patient care. Medical care is not just another line item on the budget. Rather it is about saving and improving lives.

Most frequently traumatic injury is caused by motor vehicle collisions, falls, fires, drowning, gun fire and assaults. In the United States, more than 150,000 people die from injuries, which are the primary cause of death and disability among children and young adults. Traumatic brain injuries and traumatic spinal cord injuries are the two most severe disabling injury conditions. Injury control policies involve prevention and trauma care. Prevention takes many forms, such as addressing domestic violence, promoting seat belt and child safety seat use and supporting children's safe sleepwear standards. Trauma care policies include the creation of regional burn and trauma care systems to treat the seriously injured, highly trained caregivers, advanced treatment technology and rapid communication and transportation to reach patients faster. In some parts of the country medical helicopters are available to carry burn and trauma patients to trauma centers where they can be most effectively treated. Studies of conventional trauma care show that as many as 35% of trauma care patient deaths could have been prevented if optimal acute care had been available. There is great need to expand burn and trauma center facilities and systems to areas not now covered.

The use of marijuana as medicine goes back at least 5,000 years as a highly valued remedy. Under the Controlled Substances Act of 1970, U.S. law currently defines marijuana as a Schedule I drug – a prohibited substance – having no medical use and high potential for abuse. Schedule II drugs have restricted access as highly controlled medications that are prescribed in writing in triplicate using the physician's assigned number. Moreover, Schedule II medications are for use in pain management for a limited period of time in limited quantity.

Anecdotal reports on the medical use of marijuana have indicated that it provides relief from symptoms, conditions and treatment side effects of several serious illnesses. These include glaucoma, the wasting syndrome associated with AIDS, nausea associated with cancer chemotherapy, muscle spasms which often accompany multiple sclerosis and chronic pain. Thus far, scientific studies regarding the efficacy and safety of marijuana use for therapeutic purposes have been inconclusive.

In recent years the development and implementation of pain management have changed. More than 30 states

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have approved legislation in support of the medicinal use of marijuana. Federal law supersedes state law, however, and prevents both the implementation of these states' mandates and further research on its therapeutic properties. Because marijuana is not legally available, patients must resort to the black market to obtain relief and are thus subject to arrest and incarceration.

At this time the medical use of marijuana is not approved in any country of the world. Health Canada, the Canadian federal health agency, has proposed a research plan for the medical use of marijuana and anticipates that its research activities will inform the debate on the use of marijuana as a legitimate, alternative therapeutic option and the development of appropriate regulatory mechanisms. Moreover, in January 1997, the White House Office of National Drug Control Policy asked the Institute of Medicine to assess the potential health benefits and risks of marijuana and its cannabinoid compounds (the primary psychoactive ingredients). The Institute of Medicine's report released in March 1999, recommends continued research into physiological effects of marijuana's constituent cannabinoids and their potential therapeutic value for pain relief, including closely monitored clinical trials of smoked marijuana. The Institute of Medicine's report also recommends short term use (less than 6 months) of marijuana for patients with debilitating symptoms for whom all approved medications have failed and relief of symptoms could be reasonably expected, with treatment administered under medical supervision and the guidance of an institutional review board.

Resolution

In accordance with its support of quality health care for all, Women of Reform Judaism calls upon its United States Sisterhoods to:

1. Support health care legislation that calls for a Patient's Bill of Rights that provides:
 1. Access to accurate health care information.
 2. Assurance of the privacy and protection of health records.
 3. Access to medical specialists, intermediary care and the most appropriate health services and assure that these services will be available without unreasonable delay.
 4. Use of emergency services as needed and without prior authorization and/or undue penalty,
 5. Participation in treatment decisions and receipt of complete information from their doctors, without prohibitions and penalties that keep health care workers from advocating on behalf of their patients.
 6. Obtaining coverage without discrimination or undue exclusions due to prior health conditions.
 7. Holding health insurance companies accountable by access to a fair and efficient process for resolving differences with health plans, health care providers and the institutions that serve them.
 8. Receiving coverage for routine patient care costs associated with clinical trials held under appropriate authorization and supervision.
2. Advocate nationwide expansion of regional trauma centers for acute care and rehabilitation of patients with burns and traumatic injury. Seek increased funding for research, training and educational programs for injury prevention.
3. Educate its members about burns and traumatic injury and how they can be prevented.

In addition WRJ calls upon its North American Sisterhoods to:

1. Become informed about the medicinal use of marijuana and its constituent compounds.
2. Call for further medical research on marijuana and its constituent compounds with the goal of developing reliable and safe cannabinoid drugs for management of debilitating conditions.
3. In the interim, strongly urge elected officials to support legislation to reclassify marijuana as a prescribed controlled substance so that it can be used to conduct research and prescribed for critically ill patients with intractable pain and other conditions.

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