afford it, who else can?" We even have to afford others' health care, because their health is ours too.

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Letters to the Editor

Reflections on "Death Commissions"

Dear Editor,

The December "Psychology of Health Care Special Issue" brings to mind the massive confusion regarding the proposed reforms. Much of this mystification is due to misstatements by the opponents of this legislation, such as "keep the government out of our Medicare," which resonates with many citizens. The greatest fear is that the government would determine which older individuals should be denied medical coverage and therefore die—the so-called "death squads."

Since cultural fantasies and their origins need to be probed, I will offer two possible sources of the above fears. The first is from another culture, while the second source is derived from psychoanalytic patients.

There appears to have been a culture with "death commissions." The Inuit constituted a nomadic existence in an extremely cold, isolated, and sparse region of the world. They often barely subsisted and everyone was expected to share the burden of life. The elderly often felt like a burden and are reported to have asked to be sacrificed in times of desperate hunger as a form of assisted

suicide. The senilicide of the Inuits might have involved setting the elderly adrift on a floating iceberg, throwing them into the sea, locking them outside in the subzero temperatures, burying them alive, or starving them to death.

However, the literature is contradictory, with some authors denying that senilicide was ever practiced. They argue that elders were too highly respected as the keepers of communal knowledge and would not be sacrificed. While it may not be possible to arrive at the reality of these earlier Inuit behaviors, the contradictory claims reflect that this is an emotional topic. Clearly, the elders were both treasured by many and were burdens at times.

Most of my patients are inclined to be political liberals; however, two have been fearful of government interference in health care and especially apprehensive of the government somehow pulling the medical plug. This led me to look for differences in how patients were handled as ill youths. While most of my patients were treated lovingly when ill (even by distant mothers), some were not. The first was the youngest of seven children of an impoverished family. She was poorly cared for, as reflected in her tooth being pulled to save money when she had a cavity. This factor shaped her mistrust of government. The other had a narcissistic mother who had little to give him when he was sick. He felt she wanted him to die so that she would not have to be bothered.

In conclusion, there are many factors that play on the fears of so many elderly Americans. Two worthy of consideration are the examples of the practicality of the Inuit people in harsh times and the inadequate mothering of two sick and needy children.

Sincerely,

Neil Wilson

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