

The New York Times argues against promising lung cancer test

By Kate Randall
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The *New York Times*' editorial yesterday, "CT Scans for Lung Cancer," is the latest installment in a sinister and reactionary campaign by the *Times* to justify the rationing of medical treatment, while defending the profits of the private health care industry. It deserves attention from those concerned about the implications of Obama's health care "reform."

The editorial begins by stating: "A government-sponsored study has found that annual CT scans could reduce the mortality rate from lung cancer in very heavy smokers and former smokers by 20 percent." It then proceeds to argue that access to these life-saving screenings should be rationed. The main reason is the cost of performing them.

Just five days earlier, the *Times* set the stage for the line put forward in Wednesday's editorial. In the lead story in the paper's November 4 print edition, headlined "CT Scans Cut Lung Cancer Deaths, Study Finds," author Gardiner Harris reported on the findings of the National Lung Screening Trial conducted by the National Cancer Institute and the American College of Radiology Imaging Network.

The study involved more than 53,000 people, ages 55 to 74, who had smoked at least 30 pack-years of cigarettes (a pack a day for 30 years or two packs a day for 15 years), as well as ex-smokers who had quit within the previous 15 years. Participants were given either a series of standard chest X-rays or low-dose CT scans, one at the beginning of the trial and two more over the next two years, and were followed for up to five years.

Among those who received the CT scans, there were 354 lung cancer deaths, compared to 442 lung cancer deaths among those who received X-rays. That is a 20 percent reduced rate of death in the CT scan group.

The study also found that for every 300 people

screened during the study, one person lived who otherwise would have died. The *Times* article further noted, "Deaths due to all causes declined by 7 percent among study participants who received CT scans, suggesting the tests helped to detect other life-threatening diseases besides lung cancer."

The article characterized the results as "an enormous advance in cancer detection that could potentially save thousands of lives annually."

The *Times* report was quick to add, however, that saving these lives would come "at considerable expense." It is precisely this "considerable expense" that is taken up in Sunday's editorial, as the reason why access to these screenings should be rationed or denied for the vast majority of Americans at risk for lung cancer.

"This exciting advance," the editorial notes, "still raises serious questions for individuals and their doctors and for the economics of the health care system." When the newspaper refers to the "economics of the health care system," they mean the profits of the health care industry and government cost-cutting. The health and very lives of ordinary Americans is to be subordinated to these interests.

About 157,000 people will die from lung cancer this year in the US. If one were to make a rough calculation based on the preliminary findings of the National Lung Screening Trial, screening with CT scans could save the lives of 20 percent of those—that is, more than 30,000 people who might otherwise succumb to the deadly disease!

The *Times* bemoans the potential financial drain on the government and private insurers if CT scans for lung cancer are widely introduced. "This will not be cheap," they write. "Initial scans might cost a couple of hundred dollars apiece and are not currently covered by

Medicare or private insurance. Follow-up screening and procedures will be more expensive. All told, the costs could reach billions of dollars a year.”

We might ask the ladies and gentleman at the *Times*, according to their cost analyses, what would be a “reasonable” cost for potentially staving off a lung cancer death? What value does the *New York Times* assign to a human life?

As it turns out, the *New York Times* views a human life as being fairly cheap—especially when compared to the salaries of its top executives. Speaking of the study on CT scans and lung cancer, the *Times* writes: “It is important to recognize the study’s limitations and the potential risks for patients ...Some 300 people had to be screened to save a single life.”

For the *Times*, it is apparently questionable whether saving one life is worth the cost of 300 screenings, which—at roughly \$300 apiece—works out to \$90,000. That is, the life of a lung cancer patient is supposedly worth roughly 4 percent of the 2008 earnings of *New York Times* Chairman Arthur “Pinch” Sulzberger, which fell to “only” \$2.4 million due to the onset of the economic crisis.

Of course, in the case of the well-heeled owners of the *Times*, as for the comfortably wealthy in general, if a loved one is at risk for lung cancer or another serious illness, they can always pay for a medical service or treatment out of pocket.

No such option is available, however, for the vast majority of ordinary Americans. Under the health care overhaul voted into law earlier this year, and championed persistently by the *New York Times*, millions of people will be denied life-saving screenings and treatments deemed “unnecessary” because they are not “cost-effective.”

Additionally, individuals and families will see their insurance premiums skyrocket, even as their deductibles, co-pays and other out-of-pocket expenses rise. This will be true whether they are insured through their employer, or they purchase insurance coverage on the insurance “exchanges” (which they will be legally mandated to do).

To put it bluntly, the government, giant insurers and corporate employers are deeply concerned—not over the health and welfare of the population—but that people are living too long and have access to too many advanced medical services. This is what lies behind the

crusade on the *Times* pages of the “overtreatment” in connection with a whole host of life-saving drugs and procedures, including the “overuse” of heart stents and artificial pacemakers, the “overprescription” of cholesterol-reducing drugs, and “unnecessary” screenings for breast, cervical and prostate cancers.

The *Times* editors are well aware of growing suspicion within the population to the reactionary, cost-cutting features of the health care overhaul. With this in mind, Sunday’s editorial on screenings for lung cancer closes with a cynical warning: “Government and private insurers that try to limit their coverage of CT scans based on the experts’ judgments—and they should—will need to brace for charges that they are attempting to ‘ration’ health care.”

They will face such objections because, in fact, rationing is precisely what a government trying to limit coverage of health care aims to accomplish.

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