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Dick Traum (center, #345) and the Achilles Track Club lead the pack in the 1985 New York City Marathon.

Determination conquers disability Athletes overcome their Achilles' heels

When Tom Finhorn, MD, joined the State U. of New York's Health Science Center of Brooklyn several years ago as assistant professor of orthopedic surgery, one of his early responsibilities was an amputee clinic. Noting the depression experienced by many people when they lost an arm or leg, Dr. Finhorn began looking for some way to inspire them.

The orthopedist had read articles about Dick Traum, a one-legged runner who participated in the New York City Marathon and who also was founder and president of an organization for disabled athletes called the Achilles Track Club. It is a group with approximately 150 members, most in New York, but with branches also in Washington, D.C., Miami, Toledo, and Chicago and with individuals coached by Traum as far away as New Zealand. On Nov. 2, 44 club members started the New York City Marathon; 41 finished.

It is a group that bears examination, as the pluses and minuses of disabled peo-

ple participating in sports programs increasingly begin to concern physicians. Experts in sports medicine and rehabilitative medicine say that, on the one hand, participation in athletics can provide the disabled with important physical and psychological benefits. On the other hand as Gabe Mirkin, MD, says, "There are tremendous problems involved" — including a higher likelihood of injuries.

AT THAT POINT, however, Dr. Finhorn was not interested in such questions. He mainly wanted to get a photograph of Traum that he could use in a slide presentation to show his patients what others faced with disability have achieved.

Traum jogged regularly in Central Park, as did Dr. Finhorn. One day the orthopedist encountered Traum, recognizable because of his hopping gait, running around the reservoir. Dr. Finhorn introduced himself and asked for a photograph. Traum agreed, but also recruited

the orthopedist as a volunteer.

Traum recruited Dr. Finhorn as a volunteer helper, not as a physician. He insists that his club members do not need extraordinary medical supervision while running, although three physical therapists and one physician are among the volunteers who have run with them.

Having run three marathons with the Achilles Club, Dr. Finhorn agrees, "Each individual's handicap is well under control," he says. "Their difficulties are the same difficulties experienced by anyone running a 26-mile race" — that is, fatigue, dehydration, and various weather-related problems, including sunburn.

He acknowledges only one problem Achilles runners do not share with other marathoners: Most Achilles runners will be on the course roughly twice as long as other entrants in a marathon. "The average entrant finishes in three or four hours," says Dr. Finhorn. "For Achilles

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Court backs ruling against spermicide

The Supreme Court — in a case closely watched by the scientific and pharmaceutical communities — last week ruled against a spermicide manufacturer, won by a woman who claimed that the contraceptive jelly she had been using caused birth defects in her daughter.

The high court refused to hear the appeal of the manufacturer, Ortho Pharmaceutical Corp., v. Wolf, which had argued that the decision in favor of Mary Mihalater and her daughter, Katie Laurel Wolf, was made without regard for reliable medical evidence.

In July, 1985, a U.S. District Court judge in Georgia ruled that Ortho Gynol

Contraceptive Jelly, a product made by the Johnson and Johnson subsidiary, and which Mihalater said she had used for four weeks after conception, was responsible for Katie's birth defects — which include a cleft lip, a deformed right hand, and the absence of her left arm. An Atlanta federal appeals court in May upheld the lower court's ruling although it reduced the award to \$4.7 million from \$5.1 million.

It has been reported that the award Ortho must pay is larger than profits received from the company's seven spermicide products, although a spokesman for Johnson and Johnson would neither confirm nor deny this.

Some observers have suggested that the decision could have a chilling effect on the future of the widely used contraceptive method in this country, especially in lieu of the fact that another popular form of birth control — the intrauterine device (IUD) — has been, because of lawsuits, almost completely removed from the U.S. market.

"This could mean we'll be seeing an increase in abortions and sterilizations," Harry Jonas, MD, president of the American College of Obstetricians and Gynecologists, told AMN. "It may be premature to think that [Ortho Pharmaceuticals] will pull this product

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'Right-to-die' cases before N.J. court

The New Jersey Supreme Court recently heard arguments on three cases concerning "the right to die" that are likely to produce a comprehensive ruling on the removal of all life support, including feeding, from comatose or terminal patients.

The court's decision to hear on the same day arguments in the three cases follows a Massachusetts Supreme Judicial Court ruling in September that a patient's wishes to have feeding discontinued, as asserted through the substituted judgment of his family, may be honored in the case of a hopeless coma.

All three New Jersey cases present the question of whether the hopeless patient has the right to refuse all medical treatment.

• *In the Matter of Nancy Ellen Jobs,* the court is faced with an appeal of a trial court ruling that it is lawful for Nancy Ellen Jobs, a 29-year-old in a persistent vegetative state, to have artificial feeding removed.

• *In the Matter of Hilda Peter,* the court is reviewing whether an ombudsman was correct when he declined to grant permission for the removal of feeding from a woman, now comatose, who had signed a living will requesting that she not be maintained by artificial life support.

• *In the Matter of Kathleen Farrell,* the court will decide whether a lower court correctly ruled that an alert and competent 37-year-old mother of two teen-age sons suffering from amyotrophic lateral sclerosis could have her respirator removed at her own request. Farrell died with the respirator in place while an appeal of that ruling was pending.

THE COURT IS likely to issue one consolidated opinion on the three cases, and its ruling may be significant for several reasons. First, the broad but related end-of-life issues as presented by the three cases give the court an opportunity to publish a sweeping, definitive opinion.

Second, the cases are being watched closely because the New Jersey Supreme Court has for the last decade been recognized as something of a leader in writing opinions concerning the so-called "right-to-die" issues. As such, other state courts look to it with high interest when presented with similar issues.

The New Jersey Supreme Court produced the first decision sanctioning the removal of a respirator from a comatose patient (*In the Matter of Karen Ann Quinlan*) in 1975. It also produced the first state supreme court ruling that authorized the removal of artificial feeding from patients in whom there is no hope of recovery (*In the Matter of Claire Conroy*) in 1985, which

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