

OPINION

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"The Daily Journal is dedicated to community service, to defense of individual rights and to providing those checks upon government which no constitution can ensure."

SCOTT ALEXANDER
founding editor, 1963

AT ISSUE

The Greenwood City Council soon will consider a citywide smoking ordinance.

OUR POINT

The proposal is progressive and one other communities and the county should consider.

Proposed smoking ban clears way for change

The Daily Journal

Last week the Greenwood City Council gave preliminary approval to an ordinance that significantly restricts smoking in the city.

The action was a first reading of the ordinance. Final action could be taken as early as next week.

The measure could have far-reaching effects on the city. Other communities and the county should consider adopting similar ordinances.

Smoking would be banned in restaurants and workplaces in the city. In addition, smokers would have to be 25 feet from a building before lighting up. This means an end to huddles of puffers outside the doors of a currently smoke-free business.

If the proposal is passed by the city council next week, it could go into effect March 1.

The ordinance would exempt bars and fraternal lodges. Still to be resolved, though, is the definition of a bar.

The current proposal classifies a bar as a place where the serving of food is "incidental" to the consumption of alcohol. Council member Ron Deer, who voted against the proposal, wants to know what incidental means. He wants to specify what percentage of a bar's receipts must come from alcohol.

The concern is legitimate. Without a proper definition, the ordinance could be the subject of litigation.

The benefits of not smoking are well established, as are the risks of inhaling secondhand smoke. A ban will make Greenwood a more healthful place to live and work.

Supporters of the ban also argue that the ordinance is good for economic growth. It makes the city more attractive to businesses and also reduces the health-care costs of local companies.

Jane Blessing, coordinator of Partnership for a Healthier Johnson County, said that group and the county health department want to see all of the county's workplaces under a smoking ban. She said a survey commissioned by her group shows 72 percent of the 604 people questioned support a ban throughout the county.

Ultimately, the success of the ordinance is going to rest with the public.

People need to respect the ordinance and not light up where they aren't supposed to. In addition, they have to be willing to file complaints when they encounter violations. The proposal has no allowance for tobacco police.

Greenwood is the first step, though.

Once the bar definition is resolved, the city council should pass the ordinance.

Then other communities and the county council should consider similar regulations.

Focus: Line-item veto

Making the pen mightier than the pork

Scripps Howard News Service

Although in 1998 the Supreme Court seemed to have dealt the federal line-item veto a death blow, this useful budgeting concept appears to be making a comeback under President Bush.

Most state governors have line-item-veto authority — the power to kill individual items in a spending bill that the legislature must then vote to override. The president, however, must veto a bill in its entirety. This might have made sense when Congress passed narrow spending legislation, but increasingly it sends the president monsters like its 2005 omnibus \$388 billion spending bill that covered 13 federal departments and more than 1,000 pages.

To get at the earmarks — personal pork projects — that infest these bills, the president must kill the whole thing, undoing months of Congress' work. Most presidents — and Bush especially, who has never vetoed a bill — find this too daunting. It is one reason that earmarks for unauthorized spending now total more than \$27 billion annually.

Every president has asked for line-item authority, but only one, Bill Clinton, got it, and then for only one year. The line-item veto was part of the House Republicans' "Contract With America," and to their credit they overcame their reservations about handing this power to a Democrat.

The Supreme Court, however, found it unconstitutional. While there was talk of rewriting the law to pass constitutional muster, nothing has come of it — yet.

Now Bush, in his State of the Union speech and his new budget, is asking Congress to craft a line-item veto for him as a way of combating out-of-control earmarks and reducing the deficit. By itself, the line-item veto won't solve those problems, but it would go a long way.

Clinton used it 82 times, killing \$2 billion worth of projects, an infinitesimal sum measured against, say, this year's projected \$423 billion deficit. But like the "broken window" analogy in law enforcement, if you let the little problems go, soon you have big problems. And Clinton did not have the power long enough to discourage pork.



Diet that aims to reduce fat low in fact, but high on hype

You know the U.S. Department of Agriculture's food pyramid that graces the nutrition pages of every school child's health textbook?

Well, even though it has been modified lately to include more specific recommendations, the results of an eight-year study show convincingly that the pyramid was wrong. Eating low-fat foods do not decrease heart disease or cancer rates.

The party-line experts from the USDA, the American Heart Association, the American Diabetes Association and other organizations were so smug in their perennial recommendations that Americans would be healthier if only they would eat a low-fat diet. Let's hope that crow is low in fat, because now those experts are going to have to eat a large helping of it.

The federal study, part of the Women's Health Initiative, cost \$415 million and involved 49,000 women over a period of eight years. Dr. Michael Thun, who directs epidemiological research for the American Cancer Society, called it the "Rolls-Royce of studies," because it cost so much and lasted so long.

And for that reason, most experts believe it should be taken seriously. The results are definitely not preliminary. Some say it should be the final word on the matter.

Of course, those like Dr. Dean Ornish who has been a low-fat cheerleader for years and who has developed a diet around low-fat eating, say the results may not mean much because the amount of fat consumed was still not low enough.

It hardly matters. The women in the study, who were mostly obese or overweight, barely managed to



Jerry Wilson

keep their fat intake below the USDA recommended limit of 30 percent of total calories. They still were far below the control group's intake of fat, which was 37 percent of total calories.

Ornish recommends no more than 15 percent of total fat from calories. That is clearly an unreasonably low goal that few Americans would be able to reach, even if studies proved it would help make them healthy. But no such study exists.

A five-year study is currently being conducted on the once popular low-carbohydrate diet. Preliminary results indicate that low-carb beats low-fat in weight loss results as well as blood chemistry profiles. But, like the low-fat diet, people tend not to stay on it for long.

Health experts disagree on what we can take from the low-fat diet study, but most agree that doctors should stop recommending a low-fat diet alone to help reduce the risk of cancer and heart disease.

But most health professionals are still recommending a diet reduced in saturated fats and especially trans fats. They point to the Mediterranean-style diet which is generally high in total fat, but low in saturated fat. Most people who follow the Mediterranean diet tend to have a low incidence of heart disease and cancer.

Monounsaturated fats, such as

those found in olive oil, and fats rich in omega-3 fatty acids, such as fish oil, are thought to be particularly healthy. Saturated fats, such as those in beef products, and trans fats like those found in most baked goods, are generally considered bad fats.

So the new USDA food pyramid, while still recommending a limit on the amount of total fat, differentiates between types of fats and between types of carbohydrates. It recommends a diet high in carbohydrates, but specifically recommends whole grains, fruits and vegetables rather than sugar and flour products.

The new pyramid is a shade better than the old one, but it still should not be considered the last word in nutrition advice. It may work for the average healthy American, but it is still too carbohydrate-rich for diabetics and those with insulin resistance.

The bottom line is that each individual should follow a diet that has been fine-tuned specifically for them. If a doctor gives you a photocopy of a standard diet, it should send up a warning flag that perhaps more thought should be put into your personal diet recommendation. Seek a second opinion.

The study results clearly show that, at least when it comes to nutrition and health, what might seem to be an obvious recommendation could turn out to have no relevance.

The lesson learned should be to wait for the final results before making sweeping nutritional recommendations.

Jerry Wilson writes this weekly opinion column for the Daily Journal. Send comments to letters@thejournalnet.com.

When doctors, pharmacists rely on faith instead of duty, patients suffer

So when is a physician not a physician?

Is it when the doctor refuses to offer treatment because of disapproval of the medicine available or the way the patient's disease occurred? How much leeway is there in the Hippocratic oath to allow a doctor to spurn those in medical need because of religious conviction or concept of morality?

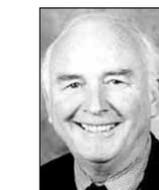
And what about pharmacists who refuse to honor legitimate prescriptions or even to stock certain authorized medicines because the drugs run counter to their religious beliefs?

Is there a case to be made for the primacy of conscience in those cases, even though a pharmacist's responsibilities are not dissimilar to a doctor's? Is refusing to fill a prescription tantamount to breaking the law and to making a pharmacist's judgment more important than the doctor's?

These and other questions surrounding the dispensing of modern medicine are being asked by state legislatures, ethics boards and public forums throughout the nation in the wake of controversial new research and compounds and treatments that run counter to fundamental religious convictions on such issues as stem-cell development, abortion, AIDS, the right to die. Chances are excellent that before the debate is over, it will change the way health care is dispensed in this country.

According to recent reports, legislation to permit medical providers to refuse care when it clashes with their beliefs is under consideration in a growing number of states. The legislation is just the tip of an iceberg of controversy that is expected to end up in front of Congress, if not the Supreme Court, before it is settled. If ever.

At the center is the age-old battle



Dan K. Thomasson

between conscience and duty, the requirements of the license granted by legal authorities vs. those ideals and standards imposed by religious teachings.

It has intensified in a burgeoning atmosphere of evangelicalism that already has dramatically changed the political landscape and brought about major confrontations on a host of social issues between the right and left, in courts and in legislatures.

Many of the bills introduced at the state level would undermine patients' rights by permitting pharmacists to refuse to dispense "before" and "after" birth-control pills, which they believe cause abortions. The furor has increased over the availability of the "morning after" pill and whether it dissolves something that God already has begun.

When does life begin? No one seems to know for certain. Legal authorities have been arguing this question forever and some standards have been established for judging criminal cases. The first breath taken by a baby out of the mother's womb is the standard in some cases for legal purposes.

When one enters medical school or decides to undergo training to be a pharmacist, it is doubtful that it is done with a provision that certain patients, treatments or drugs are off-limits, that while it is possible to save a life by performing certain procedures that are legal, the right to deny treatment or healing drugs

supersedes any other obligation. Should doctors or drug dispensers or others in the health-care business who impose these limitations be identified with an asterisk by their names in the phone books or medical registries? It might be a good idea.

This is not to challenge the moral imperatives that govern us all. The decision of some doctors not to perform abortions is understandable when there is no emergency medical need. Cloning raises huge issues. But when there is a possibility of death, it is unthinkable that any physician would refuse to administer whatever lifesaving remedy is available. The same would be true for anyone with the state-granted authority to dispense a legal drug authorized by a licensed doctor.

The sound of struggle between religion and science, between bioethics and dogma, and the need to advance life and civilization through science is likely to intensify in the next decades.

The doctors and those who depend on them for treatment uncolored by the disapproval of religion are right in the middle. Making it legal to deny recognized treatments is a very bad idea.

Those who argue that Americans have a basic right to follow their conscience above all else seem to ignore that one has the right to try to control one's own destiny even in health matters, and not to have to worry about a healer's faith.

Doctors and pharmacists who form associations based on religious convictions seem beholden to standards other than science and the care of all patients required by their oath.

Dan K. Thomasson, a Hoosier native and Franklin College trustee, is former editor of the Scripps Howard News Service. Send comments to letters@thejournalnet.com.

YOUR VIEWS

Civil liberties' defenders have skewed priorities

To the editor:

It seems incredible that good, well-meaning folks wish to interfere in a businessperson's rights (ban smoking) and with folks' rights to drive without a seat belt or right to use the phone while driving, etc., while at the same time will scream "civil liberties" whenever President Bush sits in the Oval Office and "eavesdrops" on their personal phone calls. Whew, where are we going on this?

Don Mundorff
Franklin

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