

From *The New York Post*:

Deadly Doctors O Advisors Want To Ration Care

By Betsy McCaughey
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The health bills coming out of Congress would put the decisions about your care in the hands of presidential appointees. They'd decide what plans cover, how much leeway your doctor will have and what seniors get under Medicare.

Yet at least two of President Obama's top health advisers should never be trusted with that power.

Start with Dr. Ezekiel Emanuel, the brother of White House Chief of Staff Rahm Emanuel. He has already been appointed to two key positions: health-policy adviser at the Office of Management and Budget and a member of Federal Council on Comparative Effectiveness Research.

Emanuel bluntly admits that the cuts will not be pain-free. "Vague promises of savings from cutting waste, enhancing prevention and wellness, installing electronic medical records and improving quality are merely 'lipstick' cost control, more for show and public relations than for true change," he wrote last year (Health Affairs Feb. 27, 2008).

Savings, he writes, will require changing how doctors think about their patients: Doctors take the Hippocratic Oath too seriously, "as an imperative to do everything for the patient regardless of the cost or effects on others" (Journal of the American Medical Association, June 18, 2008).

Yes, that's what patients *want* their doctors to do. But *Emanuel* wants doctors to look beyond the needs of their patients and consider social justice, such as whether the money could be better spent on somebody else.

Many doctors are horrified by this notion; they'll tell you that a doctor's job is to achieve social justice one patient at a time.

Emanuel, however, believes that "communitarianism" should guide decisions on who gets care. He says medical care should be reserved for the non-disabled, not given to those "who are irreversibly prevented from being or becoming participating citizens . . . An obvious example is not guaranteeing health services to patients with dementia" (Hastings Center Report, Nov.-Dec. '96).

Translation: Don't give much care to a grandmother with Parkinson's or a child with cerebral palsy.

He explicitly defends discrimination against older patients: "Unlike allocation by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years" (Lancet, Jan. 31).

The bills being rushed through Congress will be paid for largely by a \$500 billion-plus cut in Medicare over 10 years. Knowing how unpopular the cuts will be, the president's budget director, Peter Orszag, urged Congress this week to delegate its own authority over Medicare to a new, presidentially-appointed bureaucracy that wouldn't be accountable to the public.

Since Medicare was founded in 1965, seniors' lives have been transformed by new medical treatments such as angioplasty, bypass surgery and hip and knee replacements. These innovations allow the elderly to lead active lives. But Emanuel criticizes Americans for being too "enamored with technology" and is determined to reduce access to it.

Dr. David Blumenthal, another key Obama adviser, agrees. He recommends slowing medical innovation to control health spending.

Blumenthal has long advocated government health-spending controls, though he concedes they're "associated with longer waits" and "reduced availability of new and expensive treatments and devices" (New England Journal of Medicine, March 8, 2001). But he calls it "debatable" whether the timely care Americans get is worth the cost. (Ask a cancer patient, and you'll get a different answer. Delay lowers your chances of survival.)

Obama appointed Blumenthal as national coordinator of health-information technology, a job that involves making sure doctors obey electronically delivered guidelines about what care the government deems appropriate and cost effective.

In the April 9 New England Journal of Medicine, Blumenthal predicted that many doctors would resist "embedded clinical decision support" -- a euphemism for computers telling doctors what to do.

Americans need to know what the president's health advisers have in mind for them. Emanuel sees even basic amenities as luxuries and says Americans expect too much: "Hospital rooms in the United States offer more privacy . . . physicians' offices are typically more conveniently located and have parking nearby and more attractive waiting rooms" (JAMA, June 18, 2008).

No one has leveled with the public about these dangerous views. Nor have most people heard about the arm-twisting, Chicago-style tactics being used to force support. In a Nov. 16, 2008, Health Care Watch column, Emanuel explained how business should be done: "Every favor to a constituency should be linked to support for the health-care reform agenda. If the automakers want a bailout, then they and their suppliers have to agree to support and lobby for the administration's health-reform effort."

Do we want a "reform" that empowers people like *this* to decide for us?