

🇺🇸 **WHO GETS TO SAY
WHEN IT'S TIME TO DIE?
"Zeke" and his dismissive
attitude about "old folks"
..... IS BACK!**



Stephen L. Bakke 🇺🇸 December 5, 2014

Hey SB! We've almost forgotten the furor that occurred over the issue of "death panel" provisions in ObamaCare. I forget who started all of that, but it may have been Sarah Palin – she really knows how to stir the pot, doesn't she. Truth be told, I always thought that whole discussion was silly – not because it wasn't somewhat valid, but because the choice of the term "death panels" probably didn't effectively advance the argument for conservatives. That terminology and direction of debate was too easily dismissed as being absurd – too much hyperbole for success!

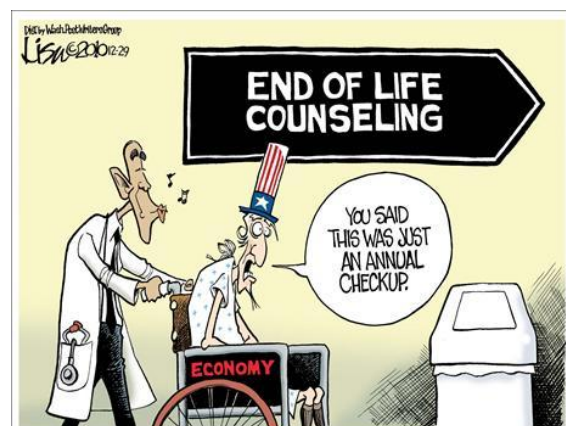
*Still, there was substance there! **The debate over "death panels" was really all about "Who gets to decide when it's time to die?"** Recently one of the architects of ObamaCare, and Obama's chief medical advisor Ezekial Emanuel, issued a spooky essay and interview that gives a glimpse into the man's biases about "old folks." If I recall SB, you dug something up about him several years ago that seemed to give us a peak into his attitudes about old people. I've been going to write something on it myself, but haven't gotten around to it. You should give it a shot! – Stefano Bachovich – obscure curmudgeon and wise political pundit – a prolific purveyor of opinions on just about everything – my primary "go to guy."*

In 2009 I wrote a report (click title for link), [**Seniors Should be Concerned about ObamaCare**](#), that dealt in part with a name we were just getting used to hearing – good ol' Ezekial Emanuel (Zeke for short), Obama's close advisor for implementing ObamaCare. I wrote and quoted as follows:

- *(Zeke) has been accused of putting part of the blame for high medical costs on the physicians' Hippocratic Oath. He wrote that doctors take the oath too seriously, "as an imperative to do everything for the patient regardless of the cost or effects on others."*
- *He is accused of favoring certain other frightening policies I have read a number of his statements in full and in all fairness he probably is actually guilty of favoring giving consideration to these controversial policies he implies that it is worth discussion that medical care should be first reserved for the non-disabled, and not guaranteed to those (quoting directly) "who are irreversibly prevented from being or becoming participating citizens."*
- *"An obvious example is not guaranteeing health services to patients with dementia."*
- *"Unlike allocation by sex or race, allocation by age is not invidious discrimination."*
- *"Every person lives through different life states 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 (old)."*

Then there was relative silence, with an occasional interview in which he adamantly defended ObamaCare, but only as an ideologue, not a controversial “grim reaper,” as was his reputation. But in a September, 2014 essay Zeke emerges in his full cynical glory. His essay was titled: *Why I Hope to Die at 75: Argument that society and families – and you – will be better off if nature takes its course swiftly and promptly.* While it may seem the title says it all, it’s important to examine his statements more closely to better understand the personal opinions and biases of this man – an “architect of ObamaCare and ardent supporter of rationing medical services.” It seems prudent to not just listen to those who scream “death panel” (that is silly and unproductive), but rather get into the head of this man, the benefactor of the philosophy of ObamaCare. Consider the following direct quotes from his essay:

- Doubtless, death is a loss living too long is also a loss We are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic.
- By the time I reach 75, I will have lived a complete life I will have pursued my life’s projects and made whatever contributions, important or not, I am going to make.
- I’m neither asking for more time than is likely nor foreshortening my life I am talking about how long I want to live and the kind and amount of health care I will consent to after 75.
- We are growing old, and our older years are not of high quality Rather than saving more young people we are stretching out old age.
- As life has gotten longer, has it gotten healthier? Not quite over recent decades, increases in longevity seem to have been accompanied by increases in disability.
- As Crimmins puts it, over the past 50 years, health care hasn’t slowed the aging process so much as it has slowed the dying process So American immortals may live longer than their parents, but they are likely to be more incapacitated.
- The situation becomes even greater concern when we confront the most dreadful of all possibilities: living with dementia and other acquired mental disabilities.
- **The fact is that by 75, creativity, originality, and productivity are pretty much gone for the vast, vast majority of us.**
- Our living too long places real emotional weights on our progeny. Mentorship is hugely important. But it also illuminates a key issue with aging: the constricting of our ambitions and expectations.
- We wish our children to remember us in our prime.
- My approach to health care will completely change. I won’t actively end my life. But I won’t try to prolong it either.
- **The deadline (75 years) also forces each of us to ask whether our consumption is worth our contribution.**
- **As for two policy implications, one relates to using life expectancy as a measure of the quality of health care Once a country has a life expectancy past 75 for both men and women, this measure should be ignored. Instead, we should look much more carefully at children’s health measures.**



Interesting, insightful, and I am perfectly comfortable with ol' Zeke making any of these personal choices for himself. They are reasonable and objective but ONLY on a "personal choice" level. And he can't resist a reference to translating his philosophy to public policy (refer to the last item). **That's where I become concerned - remember that he was an architect of ObamaCare and the expansion of rationing health care services. How much of his philosophy "snuck" into the product? And how much of his philosophy still resides in the hearts and minds of those most influential in implementing and conducting the ObamaCare policies. Be aware be very watchful!**

Who knows - had Dr. Emanuel been asked to help draft an Affordable Care Act in his mid-70s, we might not have had to collectively suffer from his youthful inexperience. -
Historian Victor Davis Hanson