SENIORS SHOULD BE CONCERNED ABOUT OBAMACARE!

Stephen L. Bakke – July 31, 2009

This is one of several topics which lead into my attempt at identifying reasonable and viable elements of health care reform – "soon to be completed". My suggestions will recognize the compelling need for reform, accept those aspects which virtually all citizens agree must change, and provide an alternative to the undesirable, and ever less popular, government imposed system.

Tom Daschle Came on Stage to Give an Introduction

In his book "Critical", Former Senator Tom Daschle, proposed an appointed body with vast powers to make the "tough decisions elected politicians won't make". The stimulus bill which was passed earlier this year included some funds for creating this type of function. The new legislation calls this function the Federal Coordinating Council for Comparative Effectiveness Research. Mr. Daschle's explanation seems to define it's goal as being to slow the development and use of new medications and technologies because they are driving up costs. He praises Europeans for being more willing to accept "hopeless diagnoses" and "forgo experimental treatments", and he chastises Americans for expecting too much from the health care system. Is it so bad that Americans expect miracles? Is it better to be like Europe and expect mediocrity?

Daschle explains that reform "will not be pain free" – especially for senior citizens. His position seems to be that seniors should be more accepting of the conditions that come with age. Apparently, that means the elderly should bear the brunt of cost savings. According to Betsy McCaughey (former New York lieutenant governor and now with the Hudson Institute), this Federal decision making council "is modeled after a U.K. board discussed in Daschle's book. This board approves or rejects treatments using a formula that, among other things, divides the cost of the treatment by the number of years the patient is likely to benefit. Treatments for younger patients are therefore more often approved than treatments for diseases that affect the elderly." Remember the movie "Solient Green" – scary! **That's RATIONING folks!**

There Are Other "Bad Actors"

What are the health care philosophies of those closest to the new reforms? One of the President's closest health care advisors is Harvard Medical School professor Dr. David Blumenthal. He admits that "government controls on health care spending are associated with longer waits for elective procedures and reduced availability of new and expensive treatments and devices". His statements seem to indicate he believes it is "debatable" whether the timely care we now receive is worth the higher cost. He suggests that slowing medical innovation is one way to stem the growth of costs, and also stated several years ago in the New England Journal of Medicine that "government controls are

a proven strategy for controlling health care expenditures". Dr. Blumenthal is in charge of medical information technology. What do you think he means when he uses the phrase "embedded clinical decision support"? Betsy McCaughey claims it is computers telling doctors what to do. I agree because the intention is to have a government commission determine what are acceptable treatments considering age, condition, and relative costs – and he's leading that effort. That's where he's at!

Another close adviser to our President is Dr. Ezekiel Emanuel (Rahm's brother). He 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. He says he is quoted out of context and isn't guilty of the accusations. 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. For example he implies that it is worth discussion that medical care should be first reserved for the non-disabled, and not guaranteed to those "who are irreversibly prevented from being or becoming participating citizens …… An obvious example is not guaranteeing health services to patients with dementia". He even gives backhanded defense of age discrimination by stating: "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)". He believes that one of the causes of high costs is that we are so enamored with technology. He's right! I suggest that our expectation of, willingness to pay for, and insistence upon medical "miracles" is what has caused today's 65-year-olds to be like the 50-year-olds of a very few decades ago. We have "pushed the envelope" and it has paid off. Accomplishments like that require the incentives of a free enterprise economy. In any case we now know where he's at!

Remember Obama's blue pill/red pill analogy? What he's saying is that a new Federal bureaucracy, called the Federal Coordinating Council for Comparative Effectiveness Research, will decide which pill is the cheapest and would require the use of that one. When pressed further in a May '09 interview with New York Times columnist David Leonhardt, he named a situation that maybe Obamacare would chose not to cover. He gave the example of his grandmother who had a hip replaced just weeks before she died. She had cancer, was not expected to die quickly, and had the surgery to improve her remaining quality of life. Obama stated: "…… whether, sort of in the aggregate, society making those decisions to give my grandmother, or everybody else's aging grandparents or parents, a hip replacement when they're terminally ill is a sustainable model is a very difficult question". In other words, there are choices to be made in choosing treatment, and this "Council" will be making those choices independent of the patient and family. I am not arguing that I would have done it for myself in this particular case, but how about something like continuing expensive drugs for an MS patient late in life, or for a leukemia patient. That's where he's at!

I referred above to a new bureaucracy called the Federal Coordinating Council for Comparative Effectiveness Research. Comparative effectiveness is the term often used to make medical comparisons – often on the basis of age. The fact that Obama and others are thinking along these lines is scary! A slippery slope my friends.

And Now It's Curtain Time

Tom Daschle's fingerprints are all over the early House and Senate legislative drafts. And guess what? There are anywhere from 30 to 60 new Federal bureaucracies introduced into the mix – depending on who is counting.

Check out some of the provisions and what they could lead to – end of life mandates. I have obtained a copy of the latest House draft and looked up these references. On page 425 of the bill an Advance Care Planning Consultant is mandated. In conjunction with this, the government appears to mandate instruction regarding living wills, durable powers of attorney, etc. And the government will provide approved lists of end of life resources. On page 427, the Government mandates a program for orders for end of life treatment. On page 429, we are now provided advance care consultation for end of life plans, and the government will specify which physicians can write an end of life order.

And on page 430, let me quote directly: "The level of treatment indicated …… may range from an indication for full treatment to an indication to limit some or all or specified interventions. Such indicated levels of treatment may include indications respecting, among other items – the intensity of medical intervention if the patient is pulse less, apneic, or has serious cardiac or pulmonary problems …… the use of antibiotics ……" **Why would the government want to be right there with you when facing important end of life issues – unless they are interested in influencing your decisions.**

And one funding source being seriously considered to help pay for the outrageous cost of the proposed reforms is to cut Medicare benefits and reimbursement rates! Cutting rates will make resources even more scarce over time and even more rationing (fewer services) will be necessary. **Where's AARP when they're needed?**

Sources of Information

The major sources of information used in developing my health care commentaries will be included in my future report on health care reform recommendations. A preliminary, but not complete, list of sources can be found in my April 2009 report on the status of our health care system and reform.