

Health care reform: a cover for malthusian rationing

by Linda Everett

It's been said that when malthusians don't have enough hats to cover all the heads, they solve the problem by cutting off a few heads. That's not dissimilar to what's happening in Washington today with the proliferation of prescriptions for health care reform, including the President and First Lady's Health Care Security Act. This may have eluded those who are dazzled by the administration's spokesmen, who preface all answers about the President's proposals by looking into the camera, smiling brightly, and holding up a "health security card" to promise the American TV audience that the President's plan has you "covered." Others may be distracted by calls to preserve the free market in health reform—a "grass-roots movement" which was created and bankrolled by 260 health insurance companies.

Well, neither dazzled nor distracted be.

Washington's neo-malthusians, no matter what their camp, find that the supply of hats is disappearing fast, and they're out to chop off a few million heads. And the Clinton plan is the stalking horse which every other reform proposal follows toward the same aim: ushering in, along with health insurers, hospital cartels, and the like, a new era of post-industrial health care, dominated by business principles, treatment outcomes, and felonious cost-efficiency studies—and not by medical science or a patient's medical needs. Their triage plan has already begun with a vast congerie of self-elected biomedical "ethicists" and self-promoted health care policy "experts" who are usurping the basic tenets of our medical care system. Under the rubric of health reform, one finds the country is being put through a meatgrinder to force a paradigm shift to rid Americans—patients, doctors, and nurses alike—of their correct perspective that the role of U.S. medicine is to save and enhance lives.

Medicine's life-saving focus

But, if reforms, as defined by those who propose to cut the nation's budget deficit, are to "succeed," that life-saving focus of medicine has to be obliterated.

The opening shots were heard on Sept. 30 before the Senate Finance Committee. The reputed "pro-life" Sen. John Danforth (R-Mo.) asked Hillary Clinton, chair of the President's Task Force on Health Care Reform, if she didn't agree with him that "there should be a way of telling people they cannot have the medical care they want for themselves or their family." Danforth fulminated about keeping alive low-birth-weight babies and "dying" patients at enormous costs. Mrs. Clinton said that for moral, ethical, and economic reasons she agreed that "there should be a discussion in the country about what is appropriate care and . . . [on] these very hard decisions you have outlined."

Danforth, who says patients have *no* right to life-saving treatment if doctors call it "futile," asked how treatment would be denied under the President's plan: "Should there be somebody . . . at some level that says, 'No, it's possible to perform this procedure, but, even though you want it, no, you can't have it?'" If the administration's plan creates "the kind of security we're talking about," Mrs. Clinton responded, "people will know they're not being denied treatment for any reason other than *it is not appropriate, it will not enhance or save the quality of life*" (emphasis added).

This is the criterion the euthanasia lobby utilized for two decades to brainwash Americans into terminating or denying life-saving treatment to anyone they adjudged not worth saving. Referring to a case in which a 92-year-old man was given a heart bypass operation, the First Lady said that if the system is changed, such surgery will not be performed;

doctors will be given more "latitude and discretion in advising families" on limits to treatment.

Mrs. Clinton said, "We should be thinking zero growth as a budget target [for national health care costs] that this country should be moving toward." No wonder she wants a national debate on denying life-saving treatment in cases that Danforth cited, such as the Lakeberg twins at the Children's Hospital of Philadelphia and "Baby K," an 11-month-old infant born without a brain and whom doctors refuse to treat.

In the case of "Baby K," born with a condition known as anencephaly, Fairfax Hospital in Virginia went to court to demand the right to deny Baby K the emergency life-saving intervention she sometimes needs during respiratory distress. They claim such intervention is "medically unnecessary" and "futile." Court records are sealed, but we do know from the judge's recently released ruling that the child's mother believes *all* human life has value. This principle of innate value of each individual life has no standing with the conglomerates of competing hospitals and health maintenance organizations (HMOs) and doctor networks mandated by all reform plans. Such cartels say the child's life is "useless," don't drain our profits to save it.

Similarly, a Florida hospital argued before the state's Supreme Court last year that living, breathing anencephalic babies are really "dead." Their hearts may be beating on their own, "but, you can't call that a life." The court opposed the petition to cut out the infant's organs, saying that would kill the child. The lawyers argued, if you would just declare them dead, no killing would be involved. The child died after the hospital harvested a kidney—without anesthesia!

In August, a financially strapped municipal hospital and the Michigan Department of Social Services argued that parents of a critically ill infant who refused to let doctors end the child's life support, were really abusing the child by keeping it on a ventilator. The court ruled that although the parents are competent in other respects, they were mentally incompetent to make the right decisions for their infant. The precedent gives the state the right to deny Medicaid beneficiaries and their families any life-saving care they consider "futile."

Fairfax Hospital said it's "inhumane" to save infants like Baby K—who can live happily for years. But, Fairfax doctors want "discretion," and Mrs. Clinton promised to break every federal, state, civil, and constitutional protection for the most vulnerable citizens. On July 1, the U.S. District Court for the Eastern District of Virginia ruled that denying Baby K life-saving care would violate the "right to life" under the Fifth and Fourteenth Amendments of the U.S. Constitution; the First Amendment's guarantee of religious freedom; the Americans With Disabilities Act; the Emergency Medical Treatment and Active Labor Act (Emtala); and Section 504 of the Rehabilitation Act of 1973. The hospital will appeal the ruling later this month.

Under health reform, families can either watch their handicapped baby die for want of treatment or "choose" to

have an abortion. Indeed, Baby K's mother testified that she was pressured repeatedly to have an abortion. Nurses, too, complain that even not-for-profit HMOs are notorious for coercing women they *suspect* are pregnant with a handicapped infant into having abortions because the HMO does not want the financial burden of treating the child.

Under Clinton's plan, such "burdens" would be eliminated by vastly expanding access to abortions. His plan *promotes* and *federally funds* school-based clinics as "essential community providers" that deliver all "physical and mental health services" to middle and high schools. California Gov. Pete Wilson (R) already signed this into law, allowing funds to transport teens for abortion as well. Who will carry out this slaughter? Just about anyone *but* doctors. Clinton's plan eliminates "inappropriate barriers to practice" by terminating all state licensure requirements "that limit the practice of any class of health professionals except as justified by the skill or training of such professional."

Accept 'death,' save billions

A major element of all reform proposals is to dictate what treatments are "effective," in the same way a group of Colorado doctors, ethicists, and consultants, including the infamous former Gov. Richard Lamm, are determining what treatment is "futile." The University of Denver-University of Colorado Health, Ethics, and Policy Consortium has decided life-saving treatment is "inappropriate" for patients in a coma for more than two days (patients have recovered after being in coma for two years!), nursing home patients with dementia, bedridden cancer patients, HIV victims with two pneumonia episodes, and patients with multiple organ failure with no improvement in intensive care after three days. The consortium proposes that no in-hospital resuscitation efforts be allowed for patients who (allegedly) don't respond to out-of-hospital emergency efforts. Denying such care would save \$1 billion a year.

Self-anointed "ethicists" such as Daniel Callahan, co-founder of the infamous Hastings Center for Bioethics Research in New York, argues in his new book *The Troubled Dream of Life* that instead of spending billions to "hold off" death, "Americans should just accept death" and "make it easier for people to die." Hastings co-founder Willard Gaylin said in *Harper's* magazine that the health care debate should center on issues like "who shall live, who shall die, and who shall decide." Gaylin, like Danforth and the First Lady, says Americans must set limits on treating the elderly and premature infants, as Oregon did in its health care rationing plan. Euthanasia lobbies want a "new vision of aging," in which older Americans die sooner to prevent high medical costs—by applying for euthanasia when they apply for Medicare and Social Security.

The congressional Office of Technology Assessment recently proposed that a new President's Bioethics Commission be formed to "study" such difficult problems.