



Written by [Joe Wolverton, II, J.D.](#) on July 9, 2010

## Donald Berwick: "One Man Death-Panel"

President Obama is under fire from the Left and the Right after his decision to recess appoint Dr. Donald Berwick to head the agency that oversees the Medicare and Medicaid bureaucracies.

Washington daily, *The Hill*, reported in its healthcare blog on Thursday that Republicans are concerned about the possibility of a conflict of interests given Berwick's strong ties to the healthcare industry.

In a memo written by the staff of Senator Charles Grassley (R-Iowa), President Obama is accused of having appointed Berwick during a congressional recess so that the confirmation process would be bypassed and likewise the likely disclosure of the massive amount of funding from industry groups that was recently raked in by Berwick's healthcare foundation.



According to the story published online by *The Hill*, Berwick's Institute for Healthcare Improvement "received more than \$9 million in 'gifts' in 2008 and 2009 from unknown donors." Equally curious is the report that during that same period Berwick himself was being paid a salary in excess of \$2 million.

Apart from the financial entanglements that trouble those lawmakers whose questions were effectively muzzled by President Obama's end run around the "advice and consent" of the Senate is Dr. Berwick's stance on euthanasia.

In an article published in 1994 in the *Journal of the American Medical Association*, Berwick opined, "Most metropolitan areas in the United States should reduce the number of centers engaging in cardiac surgery, high-risk obstetrics, neonatal intensive care, organ transplantation, tertiary cancer care, high-level trauma care, and high-technology imaging."

Provocative statements such as that would assuredly have been read back to Berwick by Republican Senators who would have demanded an explanation. It would have been an impressive demonstration of rationalizing gymnastics to listen to Berwick justify how a man intended to manage the healthcare of millions of elderly Americans wrote that he thinks government rationing of life-critical services is the answer to the so-called healthcare crisis.

Given the President's fondness for naming czars, how long will it be before Dr. Donald Berwick is styled the "rationing czar?" In light of his notions of who will and who won't receive medical care, will the Centers for Medicare and Medicaid Services be transformed into the "death panel" for the poor and elderly? Will the "rationing czar" be empowered to pull the plug in the name of cost-effective rationing?

In an article published earlier in the week by *The New American*, Berwick's fascination with the British



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system of nationalized healthcare management was documented. In a speech given in England, Berwick praised the National Health Service of the United Kingdom and seemed to long for the day that he could implement the same variety of statist control of medical treatment in the United States.

Further evidence of Berwick's Anglophilia is found in statements he made lauding Britain's National Institute for Clinical Excellence (NICE). NICE is the British agency tasked with deciding which medical treatments and technologies will be pursued and promoted in the United Kingdom and which will be discarded and denied to the British public in the name of efficiency.

Berwick, the new head of CMS (the agency that will mimic much of the discretionary functions of NICE in the United States), once wrote that NICE has "developed very good and very disciplined ... models for the evaluation of medical treatment from which we [the United States] ought to learn."

That is an interesting endorsement considering that according to a recent study published in the respected medical journal, *Lancet Oncology*, the five-year cancer survival rate in England is 45 percent compared with 66 percent in the United States. The difference when taking only women into account is 53 percent in England, 63 percent in the United States. What is there about that sort of stark statistic does Dr. Berwick find so desirable? Perhaps it is the fact that as a result of his management we will perhaps be able to remove 10 percent of cancer patients from the ledger books, thus accomplishing the *raison d'être* for the glorious program of rationing treatment so beloved by him and his boss.

The executive director of the National Right to Life organization, David Osteen, described Berwick as a "one-man death panel."

"President Obama's appointment of this open advocate of rationing to implement his health care law underlines the need for repeal before untold numbers of vulnerable Americans suffer death death from denial of life-saving treatment," Osteen continued.

To his credit, Senator Grassley's memo indicated that he had put several questions to Dr. Berwick regarding statements indicating his advocacy of the principles espoused by Compassion and Choices, the group formerly known as the Hemlock Society, as well as requesting that he explain the details of his financial relationship with the healthcare industry.

The memo also indicates that the Senate Finance Committee (which has oversight of Medicare) had asked President Obama to prepare Dr. Berwick for confirmation hearing that was to be held on June 21, prior to that of Elena Kagan which was conducted by the Senate Judiciary Committee. That request was ignored by the President.

While much of the paperwork and responses to inquiries have been forwarded by Berwick to the Senate, the questions regarding his association with Compassion and Choices and whether the institute he heads received donations from them have been flatly ignored.

President Obama's recess appointment of Berwick will obviate any delicate questions that Berwick might have faced from Senators. Also, Berwick may now occupy the post through the end of next year, without having to unravel his controversial ties to pro-euthanasia organizations, the healthcare industry, or the banking industry, all of which directly touch and concern his new position as the head of the agency that will effectively decide life and death treatment issues for millions of Americans.



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