



Written by [Alex Newman](#) on October 23, 2009

Florida Plans Plug Pulling, Death Panels, Healthcare Rationing

Public health officials in Florida are silently drawing up guidelines that call for “rationed” medical care, admission denials, and even withdrawing essential care from certain patients in the event of a serious spread of influenza, documents show.

Led by Florida Surgeon General Ana Viamonte, the state Department of Health’s Pandemic Influenza Technical Advisory Committee issued a draft report entitled “[Pandemic Influenza: Triage and Scarce Resource Allocation](#)” that purports to offer guidance on how to distribute medical supplies in the event of a flu outbreak or other health emergency. It also identifies a “methodology that enables healthcare institutions to make decisions on patient admission and treatment,” according to the introduction.



The goals of the guidelines are listed as providing the “greatest good for the greatest number,” helping to allocate scarce resources, fostering “coordinated efforts between facilities and agencies,” reducing or eliminating healthcare worker liability, and even promoting the “coordination of community control.” Mental health and nursing home patients would receive a lower priority than others.

The document, obtained through a public records request by [ProPublica](#), is based on the premise that since healthcare must be “rationed,” resources should be focused on those whose “functional outcome” is the most likely to improve. To this end, it calls for the establishment of death panels to decide on admissions and even “termination of care” — in other words, pulling the plug. “Action teams” should be ready to provide counseling to families of loved ones who have been denied care, the plan notes.

If a patient has cancer, severe burns, advanced neuromuscular disease, certain brain injuries, or any condition cited in the “exclusion criteria” list, they should be given end-of-life counseling instead of hospital treatment. And the rules purport to be applicable to all healthcare professionals and facilities in the state in the event of any public health emergency declared by the Governor.

The dictates get progressively more draconian along a color coded spectrum tied to the World Health Organization’s pandemic alert levels. The swine flu, which has been linked to less than 5,000 deaths worldwide according to the global body, is classified as a six, the highest possible ranking after the definition of a pandemic was changed earlier this year.

To implement the plans, the paper calls for a series of “Executive Orders” — dictatorial decrees masquerading as law — starting with a declaration of an emergency. Next, the plan suggests a decree to preempt existing statutes and “ordering” hospitals to cease the admission of patients while providing



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immunity from civil and criminal liability.

Number six on the list calls for an order that “empowers the Florida Department of Health to establish, maintain, and enforce isolation (of infected individuals) and quarantine of (exposed individuals) as needed to protect the public health in an epidemic situation.” Finally, the committee calls for an order that authorizes the state’s Surgeon General to dispose of bodies as he or she sees fit.

These drastic measures were first being drafted and contemplated several years ago in response to the bird flu. Though United Nations officials predicted that up to 150 million could die from virus-related complications, about 250 people have died so far. But the plans to deal with emergency situations got a big boost, as these guidelines illustrate. Officials have denied that the measures would go into effect to deal with the current swine flu outbreak, for now at least. But they would be the “start” of the discussion. So far, plans for involving the public are still being discussed.

“We want to make the most of our resources,” University of Miami Professor Ken Goodman, who was invited to comment on the paper, [told ProPublica](#), a non-profit journalism organization. Goodman, who also serves as the director the Florida Bioethics Network, added that: “Among the ways we can do that is to somehow take the evidence about what we think works and bolt it to the values that I think are uncontroversially shared: Namely, life is good, suffering is bad. And so how do we do it? It’s a very difficult problem to figure out how the world of science can help ensure that our strategies for allocating resources are fair and effective.”

But critics have wondered whether the government should even be in the business of “allocating resources” at all — especially in a matter as sensitive as life and death. Florida hospitals, as private institutions, should set their own policies and priorities without mandates from the state. Freedom is simply the best solution.



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