



Health Reform Biased Against Seniors

Dr. John Goodman's Health Policy Blog for July 22 makes clear the harsh reality that the only way for President Barack Obama's version of healthcare reform "to control health care costs is to get doctors to provide less care — fewer tests, fewer procedures, fewer everything." And who gets the least healthcare of all? Senior citizens.

What is the basis for these allegations of biased healthcare rationing? Dr. Goodman cites none other than White House healthcare policy adviser Ezekiel Emanuel. "Allocation by age is not invidious discrimination," [Emanuel wrote](#) in the January 31 issue of the British medical journal the *Lancet*. "Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years." So because everyone would get an equal chance to be favored when they are young, they would be equally discriminated against when they are old. "Treating 65-year-olds differently because of stereotypes or falsehoods would be ageist," Emmanuel maintains, but "treating them differently because they have already had more life-years is not."



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Emanuel is advocating here the complete lives system, which allocates medical care first to those who have not yet lived a "complete" life — however that is defined — prioritizing those who have the greatest potential to live a complete life in the future. He notes that "broad consensus favours adolescents over very young infants, and young adults over the very elderly people," because "the complete lives system assumes that, although life-years are equally valuable to all, justice requires the fair distribution of them." How will such a system be sold to the public? Emanuel believes that "the complete lives system requires only that citizens see a complete life, however defined, as an important good, and accept that fairness gives those short of a complete life stronger claims to scarce life-saving resources."

Dr. Goodman points out how this all fits with current reform proposals. "Buried somewhere in the 1,000 plus pages" of Capitol Hill legislation "is a provision to severely limit what Medicare pays for CT and MRI scans performed in doctors' offices. This would force elderly patients, for example, to go to the hospital for their radiology — where there are often lengthy waits." The elderly, who frequently have



Written by [Steven J. DuBord](#) on July 26, 2009

difficulty with mobility, will be stuck making another long and arduous trip to the hospital when their needs could have been met in one visit to the doctor's office. Some will put off or outright refuse this hassle that younger people are better able to endure.

USA Today [reported on July 17](#) that many medical professionals are issuing stern warnings against a reduction in office-based imaging. "It's something that's going to affect patients dearly, I'm afraid," said Steven Harms, a radiologist at the Breast Center of Northwest Arkansas. "There are a lot of small towns (where doctors) are doing CTs and MRIs, and I don't think they're going to be able to stay in business." Jack Lewin, chief executive officer of the American College of Cardiology, stated: "We're concerned about how it will affect access to care and the availability of those services, particularly in low-income communities." He added that places "already on the fringe of saying, 'We can't quite afford this service,' drop off."

This is Obama's vision for healthcare reform. Instead of undoing the managed-care system the government is responsible for and allowing the free market to compete at providing affordable, quality care, Obama's proposals would implement Emanuel's model of rationing. As Dr. Goodman puts it: "Clearly the Administration does not consider doctors the best judge of what people need. The obvious end game: Washington will tell doctors how to practice medicine."

Worse yet, Washington would decide what constitutes a complete life and would tell doctors *not* to practice medicine on those who aren't worth the expense.



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