



Written by [Steve Byas](#) on April 30, 2015

## U.K.'s NHS Urges Elderly to Sign "Do Not Resuscitate" Directives

"In the insect communities the welfare of the individual is given up for the best interests of the community. ... This should teach us, as we come to take our place in society, to be willing to give up our individual pleasure or selfish gain for the good of the community in which we live."

Thus wrote George Hunter in his 1914 book *Civic Biology*. This was the widely used high school biology textbook that horrified William Jennings Bryan in the famous 1925 Scope "Monkey" Trial. Hunter believed society would be better off without what he called "parasites," although he conceded that American society probably would not agree with him. Maybe not then, but possibly they will in the near future.



The future is now in Great Britain. In an effort to cut the costs associated with socialized medicine, the U.K.'s National Health Service (NHS) is directing physicians (government employees there) to encourage their patients 75 and older to agree to sign "do not resuscitate" orders. The directive also includes younger patients with serious medical issues such as cancer, dementia, and heart disease. Some nurses are even telephoning those 75 and older and asking them to consider signing the "do not resuscitate" orders.

While the NHS argues that the directive will improve end-of-life care for older Britons, many medical professionals have expressed worry that the requests will cause elderly patients to think they are being written off. Roy Lilley, a health policy analyst, said it is though they will be told, "You're old. How do you want to die? Because you're in the way."

Patients simply going to the doctor for routine check-ups are also being urged to sign off on do not resuscitate orders. In some cases, doctors have instituted such orders for hospital patients *without their knowledge*, even going so far as to deprive them of food and fluids.

According to the *Daily Mail*, Patrick Pullicino, a professor who had led the fight against the cost-saving measure, asked,

What is most blatantly wrong is trying to get someone to agree to a "do not resuscitate" order before they are even sick. For somebody who is perfectly well, or has got a mild or not serious illness, that would be totally out of place.

Despite the clear examples of the rationing of health care that inevitably occur under socialized medicine such as in Great Britain, there is clear evidence that such consequences of nationalized health care consequences are coming to America.



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In the midst of the debate over ObamaCare, former Alaska Governor Sarah Palin went on her Facebook page on August 7, 2009, with concerns about the healthcare proposal's effect on many Americans. She wrote,

Government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panels" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of health care. Such a system is downright evil.

Palin's remarks created an immediate sensation, with many advocates of socialized medicine in general, and Obama's Affordable Care Act in particular, slamming her "death panels" statement as nothing but scare tactics. However, the guidelines of the National Health Service in England seem to be in the same ideological framework as death panels. Indeed, shortly after Palin's controversial posting, *Newsweek* ran a cover story in its September 21, 2009 edition, with the title, "The Case for Killing Granny, Curbing Excessive End-of-Life Care is Good for America," by Evan Thomas.

Perhaps the question is what is considered "excessive" end-of-life care, and even more importantly, who will decide what is "excessive?" Under a market health care system, the patient and the patient's family will make such decisions in consultation with the family doctor. But when government foots the bill, it is a case of whoever pays the piper, calls the tune. In the case of end-of-life care, the tune would most likely be "Lord, I'm Coming Home."

And not all calls for health care rationing are coming from Democrats. Noted American surgeon Dr. Ben Carson is being touted as a potential Republican nominee for president, fueled by his remarks at the 2013 National Prayer Breakfast, in which he delighted conservatives by lecturing President Obama, who was sitting a few feet away. While many Republicans view Carson as a staunch conservative, some comments he made in a 1996 interview with the web magazine *Mega Diversities* should cause some further scrutiny. He expressed opposition to the "entire concept of for profits for the insurance companies," which he argued, "makes absolutely no sense." Instead, he contended, "The first thing we need to do is get rid of for-profit insurance companies. ... We need to make the government responsible for catastophic health care." Carson even suggested that the program could be paid for by taking 10 to 15 percent of the profits from each health insurance company.

In 1992, Carson called for "national guidelines" to determine who did and did not receive certain medical treatments. In language eerily similar to the directive from Britain's socialist National Health Service, he said, "As our general population continues to age, we will find ourselves in a position of being able to keep most people alive" beyond their 100th birthday. But he was not so sure that this should be done. Rather than putting these elderly patients in an intensive care unit, "poking and prodding them, operating and testing them," Carson advocated allowing them "the dignity of dying in comfort, at home." He conceded that such "decisions on who should be treated and who should not be treated would clearly require some national guidelines."

But what is the constitutional basis for requiring such "national guidelines?" What specific policies would Dr. Carson advocate? Since someone, somewhere, would have to interpret these guidelines in each specific case, ultimately deciding who would live and who would die, one has to ask how such guidelines would be any different in substance from Sarah Palin's alleged "death panels," or the directives of the socialist National Health Service in Great Britain.



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