



Written by [Michael Tennant](#) on February 28, 2011

## Healthcare “Death Panels” Alive and Well in Britain

Government “death panels” may still be years if not decades away here in the United States. But in Great Britain, which has suffered under socialized medicine since 1948, such panels — unlike the patients whose treatment they have denied — are alive and well. Despite the government’s best efforts to get them to pay for lifesaving cancer treatments, they continue to withhold these drugs on the basis that they cost too much, according to a report in the London Sunday Telegraph.



“Responding to years of anger over a system which meant patients were unable to secure life-extending drugs because central [National Health Service] rationers had decided the treatments were not ‘cost effective,’” the paper explains, the government introduced a \$322 million fund explicitly to prevent such denial of care. However, a *Telegraph* investigation “has uncovered more than 80 cases in which desperately sick NHS patients have been refused the cancer drugs their doctor sought, in the four months since” the fund was introduced.

Note that British news sources are unafraid to use the term *rationing* even as proponents of socialized medicine here in America continually deny that rationing is the inevitable result of government-run healthcare. One notable exception to this is Centers for Medicare and Medicaid Services Administrator [Donald M. Berwick](#), who not only lauds rationing, albeit “with our eyes open,” but has declared his “love” for the rationing-riddled British healthcare system.

Specifically, the *Telegraph* found “at least 86 cases involving terminally-ill patients being turned down,” “extreme variations in access to drugs” from one region to another, and “local policies so restrictive that in many parts of the country, consultants are expected not to even bother asking for drugs which are not on the ‘priority lists.’”

The number of patients receiving treatment from the fund is far lower than would be expected: only about 1,300 patients in four months as compared to “up to 20,000 cancer patients’ lives [that] were being shortened each year by drugs rationing,” according to 2010 research cited by the newspaper.

Each regional NHS health authority gets to decide which drugs are placed on priority lists — treatments that are automatically approved — leading to the spectacle of one region’s paying for 22 different drugs while another pays for only six. Even the generous region with the 22 drugs “says



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patients who have not been given funding will now have to wait until April before their cases are even considered,” according to the report.

Obtaining treatments not on the priority list is a nightmare of red tape. “Bureaucrats,” the *Telegraph* writes, “have created complex structures, leaving terminally-ill patients to spend their last months fighting for drugs which could increase their survival.” The paper describes the process:

In most parts of the country, if a patient requires a treatment such as Avastin for bowel cancer — which [the National Institute for Health and Clinical Excellence] says is too expensive — their doctors must first apply to see if their primary care trust will fund it as an “exceptional case.”

If that is refused, as would normally be the case, a separate application is then made to request authorization from the cancer drugs fund — and if that too is refused, patients and doctors are left to attempt an appeal.

Patients refused include those seeking Avastin for advanced bowel, breast and brain cancer, Tyverb for breast cancer and drugs to treat tumors of the bladder and kidney.

NHS authorities said they had turned down requests because they did not think there was enough evidence patients would benefit from drugs their doctors sought. In other cases, they were refused help because their medical history did not match the precise criteria drawn up by trusts.

And if the government refuses to pay for a patient’s treatment, that patient had better not go paying for it himself, or he risks being denied *all* care by the NHS, which rightly sees market-based healthcare as a threat to its very existence. Breast-cancer patient Debbie Hirst found that out the hard way when she tried to buy Avastin out of her own pocket, only to have her doctor inform her that if she did so, she would have to pay for all her treatment — this despite the exorbitant taxes she was already paying supposedly to guarantee free healthcare.

However, as the *New York Times* pointed out in its [2008 story on Hirst’s predicament](#), the “good” news for terminally ill patients in Britain is that the sicker they become, the more likely the NHS is to pay for their treatment. Nine years after being diagnosed with breast cancer and struggling to obtain treatment, Hirst, says the *Times*, “was told ... that her cancer had spread and that her condition had deteriorated so much that she could have the Avastin after all — paid for by the health service. In other words, a system that forbade her to buy the medicine earlier was now saying that she was so sick she could have it at public expense.” Similarly, the *Telegraph* reports that because of changing rules, “several patients in London were denied drugs under one set of criteria, only to have their cases reconsidered all over again as their health declined.”

Rationing is the end result of all socialist systems. The Brits would do well to kill the NHS before it kills any more of *them*. Americans, if they do not wish to go down the same road that leads to death panels, had better see to it that ObamaCare is likewise terminated.



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