

OPINION: Too Old for Healthcare? Faceless Drones Decide Your Fate

By Elizabeth Lee Vliet, M.D.

A wave of *age-based* healthcare rationing is about to crash into your life and drastically reduce your medical treatment options. Don't take my word for it. Read what two presidential appointees on healthcare policy have to say:

Dr. Ezekiel Emanuel, Senior White House Health Policy Advisor: "*The Complete Lives System produces a priority curve (bell-shaped) on which individuals between roughly 15 and 40 years get the most substantial chance (at medical services), whereas the youngest and oldest people get chances (medical services) that are attenuated.*" (i.e rationed). (Explanation in parentheses mine).

Dr. Donald Berwick, Head of the Centers for Medicaid and Medicare Services: "*The decision is not whether we will ration care—the decision is whether we will ration with our eyes open.*" Dr. Berwick also said: "*The primary function*" of health regulation is "*to constrain ...individualized decision-making,*" and "*to weigh public welfare against the choices of private consumers.*"

With the likes of Drs. Berwick and Emanuel dictating age-based denials from the top down, the term *faceless drone* takes on a whole new meaning...and leaves no room for appeal. Sounds like a new medical gulag.

Some aspects of the new healthcare bill went into effect last week, showing the beginnings of *age-based* cutbacks in medical care. What a "great deal" we've been handed:

- (a) Planned cuts from Medicare services range from 500 to 700 BILLION dollars. Experts believe these funds will be *redistributed* to fund new entitlements for Medicaid for younger people, *including abortion services*.
- (b) Half of Medicare Advantage customers will lose their coverage by 2017 as Democrats slash this popular program to shift money to Medicaid for younger patients.
- (c) Private insurance companies are raising premiums to cover required Obamacare services, even when services were touted as "free."
- (d) Large insurance companies had to stop offering child-only policies because of the enormous cost of providing coverage for all pre-existing and future illnesses.

What else lies ahead for current Medicare patients, plus the wave of baby boomers soon to swell the Medicare ranks? We can see how Emanuel's age-based rationing in the "complete lives system" fits with examples from the UK NHS that Dr. Berwick wishes to copy here in the US:

1. People in the UK over age 59 are not approved for coronary artery stents. Dr. Berwick desires to copy the UK, so we will likely face age cutoff for stents.
2. Prostate cancer primarily affects men over 50. PSA screening is not done in the UK as it is in the US. The impact on life? Men in the US have a 92% 5-year survival vs 57% in the UK.

3. Screening mammograms for women in the UK stop at age 70. There is not now an upper age limit on mammograms in the US. If we have an age cut-off like the UK, lives are at stake. Survival for breast cancer is 25% lower in the UK than the US.
4. People over 50 with congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD) are seriously affected by new restrictions on Medicare reimbursements for hospital re-admissions within a month of discharge. For CHF, denial of re-admission to clear fluid backing up in the lungs means a terrifying, painful death by drowning in one's own body fluids.
5. In the UK, older patients with double vision are not approved for corrective surgery that is available in the US. They are just told to wear a patch over one eye to eliminate symptoms. Cheaper, yes. Better quality of life? No. Humane? Not if you are the one suffering loss of vision.

For those over 50, The "Patient Protection Act" may be lethal. Procedures and medicines that are not approved by government panels will not be reimbursed by any insurance plan, since *all* insurance plans will have to meet the government requirements, whether they are private insurance companies or Medicare or Medicaid.

We complain about the faceless drones with insurance company review panels. But when medications or procedure are denied by clerks, physicians can and do appeal to higher levels. Often we obtain approvals after providing additional clinical information. Now, if your insurance plan denies medicines or procedures, you still have the option of paying for it yourself.

Lest you think that if you can afford to pay you won't be affected, think again. Physicians who remain in practice – and as many as 45% say they will not – won't risk losing their licenses by going against new laws and treating you, even if you are able to pay for it yourself.

Then think about how you feel trusting a physician with your life if the doctor violates the Hippocratic oath and answers to faceless government drones rather than put *your* interests first?

The tools in the government health care rationing toolbox are not pretty. It is especially ugly for older people. Remember, "older" is over 40, according to Emanuel. To limit the costs of care, those over age 50 will see more and more restrictions on access to life-extending medicines, imaging studies, hospitalizations, and surgeries.

The government is hiding financial decisions behind language like "clinically meaningful" or "attenuate" or "redistributive justice." The truth is *age-based denial of care* to save money to be "redistributed" to younger, more "valuable" lives in the eyes of government drones.

Welcome to the brave new world of Obamacare's version of "Patient Protection" and "Affordable" care.

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Dr. Ezekiel Emanuel's "Complete Lives System" Reference: The Lancet, vol 373, Jan. 31, 2009, page 428

Dr. Vliet speaks as an independent physician, not as an official spokesperson for any organization. Dr. Vliet has no financial ties to any health care system, pharmaceutical company, or health insurance plan. Her allegiance and advocacy is to and for patients. Her medical website is www.herplace.com



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Dr. Vliet is the 2007 recipient of the Voice of Women award from the Arizona Foundation for Women in recognition of her pioneering advocacy for the overlooked hormone connections in women's health. She is a Director of the Association of American Physicians and Surgeons, and member of The International Menopause Society, The International Society of Gynecological Endocrinology, American Society of Reproductive Medicine, The Heritage Foundation, and The Freedom Alliance.

Dr. Vliet received her M.D. degree and internship in Internal Medicine at Eastern Virginia Medical School, then completed specialty training at Johns Hopkins School of Medicine. She received B.S. and M.Ed. degrees from The College of William and Mary in Virginia.

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Dr. Vliet has appeared on FOX NEWS, Cavuto, Stuart Varney Show, Fox and Friends and syndicated radio shows across the country addressing these critical issues. She has been an invited speaker for numerous healthcare Town Hall presentations, and guest speaker at international conferences on how healthcare regulation changes affect both physical and financial health.

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