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Obama Suggests Health Care Reform Will Mean Rationing for Some, But Admits He Would Pay Out-of-Pocket for His Own Family

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By Christopher Neefus

(CNSNews.com) - During ABC's health-care forum Wednesday from the White House, "Prescription for America," President Obama cited his deceased grandmother's hip replacement surgery as an example of rationing care.

During the 90-minute question-and-answer session, which hosts Diane Sawyer and Charlie Gibson said was attended by 164 people "on the front lines of health care in America," epilepsy specialist Dr. Orrin Devinsky asked the president one of a few challenging questions.

Devinsky asked: "If a national health plan was approved and your family participated, and, President Obama, if your wife or your daughter became seriously ill, and things were not going well, and the plan physicians told you they were doing everything that reasonably could be done, and you sought out opinions from some medical leaders and major centers, and they said there's another option that you should -- should pursue, but it was not covered in the plan, would you potentially sacrifice the health of your family for the greater good of insuring millions? Or would you do everything you possibly could as a father and husband to get the best health care and outcome for your family?"

Obama didn't answer directly, saying that "(I)f it's my family member, my wife, if it's my children, if it's my grandmother, I always want them to get the very best care."

But the president questioned whether his now-deceased grandmother should have received her hip replacement while suffering a terminal illness.

Recounting the dilemma, Obama said, "(T)he question was, does she get hip replacement surgery even though she was fragile enough that they weren't sure how long she would last (or) whether she could get through the surgery."

"I think families all across America are going through decisions like that all the time," Obama said.

This was not the first time the president had used his grandmother to illustrate his point on health care. In an April 2008 interview with *The New York Times Magazine*, Obama suggested much of the cost of health care in America comes from the elderly and those with chronic illness.

"That's where you get into some very difficult moral issues," Obama said -- specifically considering whether "in the aggregate, society making those decisions to give my grandmother, or everybody else's aging grandparents or parents, a hip replacement when they're terminally ill is a sustainable model, is a very difficult question."

But in the April interview, Obama also admitted that his own grandmother would have gotten the procedure either way.

"I would have paid out-of-pocket for that hip replacement just because she's my grandmother," he said.

The president told the magazine that the chronically ill and elderly represent 80 percent of American healthcare costs, and said, "(T)here is going to have to be a conversation that is guided by doctors, scientists, ethicists. And then there is going to have to be a very difficult democratic conversation that takes place."

"And that's part of why you have to have some independent group that can give you guidance," he added.

Michael Tanner, a senior policy fellow at the libertarian Cato Institute, told CNSNews.com the question illustrates the fundamental contradiction in the health-care debate.

"Everybody wants to live forever, and everybody wants their loved ones to live forever, and nobody wants to pay for it," he said.

Tanner suggested Devinsky's question gets to the root of the matter -- whether government should make decisions like the ones Obama made about his own grandmother.

"I think it does show that these are personal questions and therefore something that should be left to the individual and not be rationed by third parties," Tanner said.

Asked whether there would be any restriction on the kinds of rules a government plan might impose, Tanner said, "No, no, there's no limit at all."

"(A)nd, in fact, what we would probably see," Tanner speculated, "is the use of these clinical effectiveness, or the 'cost-effectiveness research' studies to begin to say, 'Well, we'll stop reimbursing for x, y, and z because it's not cost-effective.'"

Funding for the National Institutes for Health to conduct comparative-effectiveness research in healthcare was included in the economic stimulus bill, the American Recovery and Reinvestment Act, signed by the president in February.

But Judy Feder, a senior fellow in health-care issues at the liberal Center for American Progress, said it is wrong to connect comparative-effectiveness research with cost-effectiveness.

"What comparative effectiveness research does is tell us what works and what doesn't," she told CNSNews.com. "It's not about limiting care. It's about essentially providing doctors and patients evidence on what care works."

Feder also said that, currently, new technologies and treatments are rushed into wide use.

“(They) are being applied well beyond where there’s evidence that they do good,” she said.

“(W)hat researches will enable us (to do) is to know whom it helps and whom it doesn’t. That’s good research; that’s what you want to know.”

Similarly, Obama told Levinsky, “(T)here is a whole bunch of care that’s being provided that every study, every bit of evidence that we have indicates may not be making us healthier.”

But Tanner says government research could ultimately become politicized, citing an attempt by the state of Oregon to create an exhaustive list of treatments the state’s Medicaid program would pay for “in order to be able to spend the money further than it was going,” he said.

“And within weeks of the final list being published, it had been completely rewritten by the state legislature,” Tanner added.

Feder says the two are not comparable, and that those worried about health-care rationing should “Get a grip.”

She told CNSNews.com, “This is all about getting doctors and patients real information, objective information about what works so that we can get decisions.”

At the forum, Obama admitted “(W)e’re not going to solve every difficult problem in terms of end-of-life care.”

“But what we can do is make sure that at least some of the waste that exists in the system that’s not making anybody’s mom better (is eliminated),” he told the audience. “(A)t least we can let doctors know and your mom know that, you know what? Maybe this isn’t going to work.”

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