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Opinion

TRENTONIAN EDITORIAL: Nasty surprises hidden in health care reform

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That exceedingly large foot in the door to the examination room where you are consulting with your doctor is attached to a bureaucratic Frankenstein's monster known as "Comparative Effectiveness Research" (CER).

Who gave this thing authorization to push its way into your doctor's examination room? The Orwellian-titled "Patient Protection and Affordable Care Act" did.

Drawing a blank on that one? Maybe you'll recognize the unofficial title — "ObamaCare."

It was not a bolt of lightning striking Dr. Frankenstein's laboratory that brought the CER monster to life. A \$1 billion appropriation tucked away in the Obama "stimulus" bill did that.

CER would — in the language of the appropriation measure that set it loose on the land — encourage the federal bureaucracy rather than your doctor to decide "what works best for which patient, under what circumstances."

"Step aside, doc!" says some bureaucrat. "Hand over that stethoscope and let us show you how a patient is supposed to be treated."

CER didn't get much attention while President Obama and his congressional minions were busy shoving ObamaCare down the throat of a gagging (according to the polls) America.

But the limitless opportunities CER presents for the enhancement of bureaucratic meddling in medicine did cause considerable excitement among liberal policy wonks and other know-it-alls who presume to understand better than you do what's in your own best interest.

Of course, CER findings inevitably will run several years behind fast-paced developments in the real world of medicine. Government data, even on the government's own activities, typically run two or three years, if not more, behind the current date.

If CER is to influence the course of medical treatment under ObamaCare — and the \$1 billion appropriation certainly suggests that's the plan — the odds are that you'll no longer be receiving the latest breakthrough treatment.

Nor, the odds additionally are, will you be receiving a treatment tailored to your individual case.

Here we might switch metaphors, if we may, and liken CER to Procrustes instead of Frankenstein's monster.

In Greek mythology, Procrustes was the giant who dictated sleeping accommodations for his "guests," stretching them or

cutting off their legs to fit them into beds he'd arbitrarily picked out for them.

The myth gave us the term "Procrustean bed," and CER looks to be a classic example of the concept. With \$1 trillion-plus annual deficits stretching over the horizon, ObamaCare becomes a challenging exercise in containing costs — in rationing care, in other words. CER is the potential means to that end.

What — a government program that connives to deny care in the same breath it promises "universal" coverage?

Yep, you got it. It's not an entirely new gambit where the federal bureaucracy is concerned.

While President Obama berates private medical insurers for denying claims, the government's dirty little secret is that its own Medicare program rejects patients' claims at a greater rate than any of the villainous private medical insurers do.

The Senate version of ObamaCare creates a "Patient-Centered Outcomes Research Center" — another Orwellian title —to do CER.

In a paper published by the Cato Institute, George Avery, an assistant professor of public health at Purdue University, notes a provision authorizing the federal government to withhold funds from any CER researchers who come up with findings not to the government's liking — i.e., any findings the government deems not "within the bounds of and entirely consistent with the evidence," to quote the language of the measure.

Such a "vague authorization," says Avery, could be "a tremendous tool that can be used to ensure self-censorship and conformity with bureaucratic preferences."

Old Procrustes would have recognized this approach right off.

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