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Real death panels coming our way

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NAT HENTOFF azdailysun.com | Posted: Sunday, November 28, 2010 5:00 am | (0) Comments

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Paul Krugman, Nobel Prize winner in economics and an influential New York Times columnist, also has a blog, "The Conscience of a Liberal." On ABC's "This Week" (Nov. 14), during a discussion on balancing the federal budget against alarming deficits, he proclaimed the way to solve this problem is through deeply cost-effective health-care rationing.

"Some years down the pike," he said, "we're going to get the real solution, which is going to be a combination of death panels and sales taxes." That would mean the U.S. Debt Reduction Commission "should have endorsed the panel that was part of the (Obama) health-care reform."

Sarah Palin was one of the first, and the most resounding, to warn us of the coming of government panels to decide which of us -- especially, but not exclusively, toward the end of life -- would cost too much to survive.

She was mocked, scorned from sea to shining sea, including by the eminent Paul Krugman for being, he said, among those spreading "the death penalty lie" as part of "the lunatic fringe." (Summarized in "Krugman Wants 'Death Panels'" Catholic League for Religious and Civil Rights (Nov. 15).

Soon after he had left the ABC Studio, someone must have alerted Krugman that -- gee whiz -- he had publicly rooted for death panels!

Swiftly, on his blog, Krugman admitted he had indeed said those dreaded words, but:

"What I meant is that health care costs will have to be controlled, which will surely require having Medicare and Medicaid decide what they're willing to pay for -- not really death panels, of course, but consideration of medical effectiveness and, at some point, how much we're willing to spend for extreme care."

"Extreme care," Professor Krugman? To be defined by government commissions, right?

Noel Sheppard of media watchdog Newsbusters was not fooled by the professor's attempt to extricate himself from embarrassment.

"As the government has deep budgetary problems," Sheppard reminded Krugman, "the cost-benefit analysis will naturally morph toward financial restraint thereby further limiting a patient's options and therefore his or her rights."

Are these Obamacare cost-benefit boards and commissions -- for example, the so-called Independent Payment Advisory Board penetratingly judging Medicare's cost-effectiveness (without judicial review) -- not going to determine whether certain Americans are going to continue living?

Fess up, Krugman, you owe Sarah Palin an apology for so often scandal-mongering her. Also, professor, aside from the abortion wars, don't most Americans agree that the most fundamental of all our rights is the right to life? Not the government's right to our lives.

When you said "death panels" on that Sunday morning, you knew and meant what you were saying. As an economist dedicated to deficit-reduction you were not lamenting the coming of death panels. Clearly, you were affirming their inevitability under President Obama's determination to prevent government subsidization of "extreme care."

As you said on ABC, this is "reality therapy."

Wesley Smith, who has been the Paul Revere of investigating and documenting the radical root of Obamacare -- government's invasion of the doctor-patient relationship -- has revealed how far Obama's Medicare czar, Dr. Donald Berwick, intends to go in order to foreclose the great majority of our visits to our doctors' offices.

In his regular fact-based commentary ("Secondhand Smoke," Nov. 16), Smith's headline is: "Berwick Wants to Do Away With 80% of 'Dinosaur' Patient/Doctor Office Calls."

He reports that in Berwick's "Escape Fire: Lessons for the Future of Health Care" -- which he wrote in his former role as head of the Institute for Health Care Improvement -- Berwick promised us that "healing relationships ... can be fashioned in many new and wonderful forms if we suspend the old ways of making sense of care."

Huh? Which "old ways?" You may not have realized it, but, he emphasized, "the health care encounter as a face-to-face visit is a dinosaur." In the wondrous new world of immediate health care for everyone in need, Berwick writes, "I think it rarely means...reliance on face-to-face meetings between patients, doctors and nurses."

Have your computer ready, folks.

What's next, a death-clock countdown for your desktop?

"Tackled well," President Obama's cost-efficient physician-in-chief foresees, "this new framework will gradually reveal that half or more of such of our encounters -- maybe as many as 80 percent of them -- are neither wanted by patients nor deeply believed in by professionals..."

Am I a dinosaur in my apprehensiveness about troubling symptoms -- and odds of survival -- because I feel I need to talk face-to-face with another human being whose calling is diagnosis? As Wesley Smith says, speaking for me and, I expect, many of us:

"Doctors use face-to-face meetings for more than exams. Sometimes, a doctor (not a computer) can take one look at a long-time patient (or not long-time) and tell that something is amiss."

Because President Obama did not want Dr. Berwick to be subjected to probing questions at a congressional hearing, this czar of the future is a recess appointment, but he finally was inconsequentially heard. Will Obama, in 2012, turn out to be a recess president, in considerable part because of his messianic, unyielding devotion to Obamacare? Then, if he's in distress when he's out of office, maybe Berwick will consent to care for him privately.

Presidents retain their health insurance for life, so Berwick will be appropriately compensated without being limited by Medicare rates. But will the next president and Congress rescue us from Obamacare?

Nat Hentoff is a nationally renowned authority on the First Amendment and the Bill of Rights. He is a member of the Reporters Committee for Freedom of the Press, and the Cato Institute, where he is a senior fellow.

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