

Don Berwick Upset by Attacks on His Pro-Rationing Positions

by Tom Blumer | LifeNews.com | 12/13/11

Awww. Don Berwick is unhappy. In a speech at the annual conference of the Institute for Healthcare Improvement [excerpted](#) at the Boston Globe's White Coat Notes blog, the man whom Congress would not confirm as Centers for Medicare & Medicaid Services (CMS) administrator seventeen months after President Obama gave him a recess appointment lashed out at his critics. He is especially upset by their use of the terms "rationing" and "death panels," describing the employment of the latter term as "beyond cruelty."

Neither Chelsea Conaboy's introduction at the Globe excerpt nor Sam Baker's coverage [at the Hill's Healthwatch blog](#) brought up why the two terms Berwick despises so accurately describe his health care views, which include his belief that the Affordable Care Act passed by Congress and signed by President Obama last year — the one where, [as Nancy Pelosi warned](#), we're still figuring out what's really in it — is, as he told Boston station WBUR, "[majestic](#)." What follows is most of Conaboy's intro, which almost completely ignored the overheated rhetoric in the speech excerpts which followed:

Dr. Don Berwick often speaks of the Affordable Care Act as a "majestic" law. Yesterday afternoon the former Centers for Medicare & Medicaid Services administrator spoke during the annual conference of the Cambridge-based Institute for Healthcare Improvement, which he led for nearly 20 years, about experiencing majesty.

... Berwick outlined five principles to guide change in health care:

1. Put the patient first.
2. Among those, put the poor and disadvantaged first, "those in the beginning, the end, and the shadows of life. Let us meet the moral test."
3. Start at scale. "There is no more time left for timidity. Pilots will not suffice."
4. Return the money. "It is crucial that the employers and wage-earners and unions and states and taxpayers – those who actually pay the health care bill – see that bill fall."
5. Act locally. Every community must mobilize, he said.

Here are some lowlights from Berwick's speech (bolds are mine); especially note his unwitting admission in the first excerpted paragraph that ObamaCare is in day-to-day operation what the bureaucrats say it is (i.e., its 2,000 pages are "only a framework"):

And, I got the chance to help pilot toward harbor the most important health care policy of our time – the Affordable Care Act. A majestic law. **I learned that a law is only a framework; it's like an architect's sketch. If it's going to help anyone, it has to be transformed into the specifications that regulations and guidance documents.**

... Cynicism grips Washington. It grips Washington far too much, far too much for a place that could instead remind us continually of the grandeur of democracy. . .

Cynicism diverts energy from the great moral test. It toys with deception, and deception destroys. **Let me give you an example: the outrageous rhetoric about "death panels" – the claim, nonsense, fabricated out of nothing but fear and lies, that some plot is afoot to, literally, kill patients under the guise of end-of-life care. That is hogwash. It is purveyed by cynics; it employs deception; and it destroys hope. It is beyond cruelty to have subjected our elders, especially, to groundless fear in the pure service of political agendas.**

The truth, of course, is that there are no "death panels" here, and there never have been. The truth is that, as our society has aged and as we have learned to care well for the chronically ill, many of us face years in the twilight our lives when our health fades and our need for help grows and changes.

... **And, while we are at it, what about "rationing?" The distorted and demagogic use of that term is another travesty in our public debate.** In some way, the whole idea of improvement – the whole, wonderful idea that brings us –thousands – together this very afternoon – is that rationing – denying care to anyone who needs it is not necessary. That is, it is not necessary if, and only if, we work tirelessly and always to improve the way we try to meet that need.

The true rationers are those who impede improvement, who stand in the way of change, and who thereby force choices that we can avoid through better care. It boggles my mind that the same people who cry "foul" about rationing an instant later argue to reduce health care benefits for the needy, to defund crucial programs of care and prevention, and to shift thousands of dollars of annual costs to people – elders, the poor, the disabled – who are least able to bear them.

As has been documented so many times in New Media but almost never mentioned in the establishment press, Berwick can scream all he wants, but the fact is that he is on record as a big fan of rationing and the functional equivalent of death panels. Why? Because he's a big fan of the UK's National Health Service, particularly its NICE (National

Institute for Clinical Effectiveness) protocols, which are all about, well, life-death decisions made by bureaucrats (aka “death panels”) and overt rationing of care.

Steven Ertelt [at LifeNews.com](http://LifeNews.com) had one of many relevant write-ups of Berwick’s worldview two weeks ago when Berwick resigned from CMS after it became clear that his confirmation fight was doomed (bolds are mine):

Berwick is an outspoken admirer of the British National Health Service and its rationing arm, the National Institute for Clinical Effectiveness (NICE).

During a 2008 speech to British physicians, Berwick said “I am romantic about the National Health Service. I love it,” and calling it “generous, hopeful, confident, joyous, and just.”

Michael Tanner, a senior fellow at the Cato Institute, wrote about the problems with Berwick in an opinion column at the Daily Caller.

... In his comments lauding the British health care system, Tanner says “Berwick was referring to a British health care system where 750,000 patients are awaiting admission to NHS hospitals.”

“The government’s official target for diagnostic testing was a wait of no more than 18 weeks by 2008. The reality doesn’t come close. The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedics patients, the figure is only 20 percent,” he writes.

“Overall, more than half of British patients wait more than 18 weeks for care. Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed,” he continues.

“The one thing the NHS is good at is saving money. After all, it is far cheaper to let the sick die than to provide care,” Tanner adds.

NICE is at the forefront of the rationing in the British health care system.

“It acts as a comparative-effectiveness tool for NHS, comparing various treatments and determining whether the benefits the patient receives, such as prolonged life, are cost-efficient for the government,” Tanner explains. “NICE, however, is not simply a government agency that helps bureaucrats decide if one treatment is better than another. **With the creation of NICE, the U.K. government has effectively put a dollar amount to how much a citizen’s life is worth.**”

This is what Berwick has said he admires, and his speech only served to fill a very deep well with gallons of crocodile tears. Too bad, so sad, Don. You're lucky that the establishment press carried your water one more time.

As to "beyond cruelty," the emailer who tipped me to Berwick's speech and its press coverage asks, "So what does he call an ad showing Paul Ryan wheeling an elderly woman off a cliff?"