

Nat Hentoff: The cold heart of Obamacare

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2009-12-04 13:30:31

Much of the press coverage of the Democrats' health care legislation, now fiercely embattled in Congress, focuses on the public option, the actual long-term costs and tax increases, and the amendment barring funding for abortions. But the cold heart of Obamacare is its overpowering of the doctor-patient relationship – eventually resulting in the premature ending of many Americans' lives for being too costly.

To call the dangers of this legislation "death panels" obscures the real-life consequences to Americans, not only the elderly, of a federal government-run health care bureaucracy. In the Senate bill, for instance, Medicare doctors whose treatments each year of certain, mostly elderly, patients costs more than a set government figure will be punished by losing part of their own incomes.

Not only Medicare doctors will be monitored for their cost effectiveness. In the House bill, as the libertarian Cato Institute's health care specialist Michael Tanner explains, "111 government agencies, boards, commissions and other bureaucracies – all overseen by a new health care czar," the commissioner of Health Care Choices, will keep watch on what the president has called excessive, wasteful health care expenditures.

Moreover, President Barack Obama has made clear that eventually he desires a U.S. equivalent of the British National Institute for Health and Clinical Excellence (NICE), a commission that decides which drugs and procedures for patients are within the national budget for health care. The current baseline expenditure for each Briton, according to Michael Tanner, is \$44,305 per year.

In this country, bureaucrats keeping tabs on patients – without actually seeing them and their condition – will mean, as Tanner notes, that "every time a doctor decides on a treatment, he or she would have to ask: 'Does the government think I'm doing this too much? Will I be penalized if I order this test?'" (Disclosure: As a senior fellow at the Cato Institute, I have access to its continuing research.)

President Obama and his supporters in Congress insist that clinical studies prove how many needless and expensive tests and procedures are so often performed. But these are collective statistics. Individual patients are left out.

Harvard Medical School faculty members Jerome Groopman and Pamela Hartzband bring the individual back into this crucial debate in "Sorting Fact From Fiction on Health Care" (Wall Street Journal, Aug. 31): "Data from clinical studies provide averages from populations and may not apply to individual patients.

"Clinical studies routinely exclude patients with more than one medical condition and often the elderly or people on multiple medications. Conclusions about what works and what doesn't work change much too quickly for policy-makers to dictate clinical practice." Everyone, regardless of political party, should keep in mind:

"If doctors and hospitals are rewarded for complying with government-mandated treatment measures or penalized if they do not comply, clearly, federal bureaucrats are directing health

decisions," Groopman and Hartzband wrote.

If congressional Democrats succeed in passing their health care "reform" measure to send to the White House for President Obama's signature, then they and he are determining your health decisions.

Also remember that these functionaries making decisions about your treatment and, in some cases, about the extent of your lifespan, have never met you. They do not know your name, have not spoken directly to your doctor, and, of course, haven't the slightest idea of what your wishes are. Is this America?

Mark K. Siegel is a practicing internist and an associate professor of medicine at NYU Langone Medical Center. In "Destroying the Doctor-Patient Bond" (New York Post, Aug. 3), he points to Section 123 of the House bill, which "establishes a Health Benefits Advisory Committee, chaired by the surgeon general, which makes recommendations to the HHS secretary on what should be covered and what shouldn't.

"These rulings from on high," Dr. Siegel warns, "are problematic, since useful treatments or tests for one patient are not appropriate for another. Appeals are bound to be time-consuming and largely ineffective. This is the government interfering directly with the practice of medicine."

Is this what presidential candidate Barack Obama meant by "Change we can believe in?" Even if you voted for him, is this the change you will believe in if your doctor is overruled by the government in his or her treatment decisions about you?

Remember those federal bureaucrats recently ruling on breast cancer screening? Dr. James Thrall, chairman of the American College of Radiology and a Harvard Medical School professor, said the resulting furor of dissent by doctors showed (Wall Street Journal, Nov. 18) that rulings "based on costs and large group averages, not individuals" lead him to fear that, "we are entering an era of deliberate decisions where we choose to trade people's lives for money."

Is there anything you want to say to your representatives in the House or Senate before the final vote is taken? If you don't act urgently now, you may become part of another collective statistic – American annual death rates.

I'm scared, and I do mean to scare you.

We do not elect the president and Congress to decide how short our lives will be. That decision is way above their pay grades.

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