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I Am Finally Scared of a White House Administration

By Nat Hentoff

I was not intimidated during J. Edgar Hoover's FBI hunt for reporters like me who criticized him. I railed against the Bush-Cheney war on the Bill of Rights without blinking. But now I am finally scared of a White House administration. President Obama's desired health care reform intends that a federal board (similar to the British model) - as in the Center for Health Outcomes Research and Evaluation in a current Democratic bill - decides whether your quality of life, regardless of your political party, merits government-controlled funds to keep you alive. Watch for that life-decider in the final bill. It's already in the stimulus bill signed into law.

The members of that ultimate federal board will themselves not have examined or seen the patient in question. For another example of the growing, tumultuous resistance to "Dr. Obama," particularly among seniors, there is a July 29 Washington Times editorial citing a line from a report written by a key adviser to Obama on cost-efficient health care, prominent bioethicist Dr. Ezekiel Emanuel (brother of White House Chief of Staff Rahm Emanuel).

Emanuel writes about rationing health care for older Americans that "allocation (of medical care) by age is not invidious discrimination." (The Lancet, January 2009) He calls this form of rationing - which is fundamental to Obamacare goals - "the complete lives system." You see, at 65 or older, you've had more life years than a 25-year-old. As such, the latter can be more deserving of cost-efficient health care than older folks.

No matter what Congress does when it returns from its recess, rationing is a basic part of Obama's eventual master health care plan. Here is what Obama said in an April 28 New York Times interview (quoted in Washington Times July 9 editorial) in which he describes a government end-of-life services guide for the citizenry as we get to a certain age, or are in a certain grave condition. Our government will undertake, he says, a "very difficult democratic conversation" about how "the chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care" costs.

This end-of-life consultation has been stripped from the Senate Finance Committee bill because of democracy-in-action town-hall outcries but remains in three House bills.

A specific end-of-life proposal is in draft Section 1233 of H.R. 3200, a House Democratic health care bill that is echoed in two others that also call for versions of "advance care planning consultation" every five years - or sooner if the patient is diagnosed with a progressive or terminal illness.

As the Washington Post's Charles Lane penetratingly explains (Undue influence," Aug. 8): the government would pay doctors to discuss with Medicare patients explanations of "living wills and durable powers of

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attorney ... and (provide) a list of national and state-specific resources to assist consumers and their families" on making advance-care planning (read end-of-life) decisions.

Significantly, Lane adds that, "The doctor 'shall' (that's an order) explain that Medicare pays for hospice care (hint, hint)."

But the Obama administration claims these fateful consultations are "purely voluntary." In response, Lane - who learned a lot about reading between the lines while the Washington Post's Supreme Court reporter - advises us:

"To me, 'purely voluntary' means 'not unless the patient requests one."

But Obamas' doctors will initiate these chats. "Patients," notes Lane, "may refuse without penalty, but many will bow to white-coated authority."

And who will these doctors be? What criteria will such Obama advisers as Dr. Ezekiel Emanuel set for conductors of end-of-life services?

I was alerted to Lanes' crucial cautionary advice - for those of use who may be influenced to attend the Obamacare twilight consultations - by Wesley J. Smith, a continually invaluable reporter and analyst of, as he calls his most recent book, the "Culture of Death: The Assault on Medical Ethics in America" (Encounter Books).

As more Americans became increasingly troubled by this and other fearful elements of Dr. Obama's cost-efficient health care regimen, Smith adds this vital advice, no matter what legislation Obama finally signs into law:

"Remember that legislation itself is only half the problem with Obamacare. Whatever bill passes, hundreds of bureaucrats in the federal agencies will have years to promulgate scores of regulations to govern the details of the law.

"This is where the real mischief could be done because most regulatory actions are effectuated beneath the public radar. It is thus essential, as just one example, that any end-of-life counseling provision in the final bill be specified to be purely voluntary ... and that the counseling be required by law to be neutral as to outcome. Otherwise, even if the legislation doesn't push in a specific direction - for instance, THE GOVERNMENT REFUSING TREATMENT - the regulations could." (Emphasis added.)

Who'll let us know what's really being decided about our lives - and what is set into law? To begin with, Charles Lane, Wesley Smith and others whom I'll cite and add to as this chilling climax of the Obama presidency comes closer.

Condemning the furor at town-hall meetings around the country as "un-American," Harry Reid and Nancy Pelosi are blind to truly participatory democracy - as many individual Americans believe they are fighting, quite literally, for their lives.

I wonder whether Obama would be so willing to promote such health care initiatives if, say, it were 60 years from now, when his children will - as some of the current bills seem to imply - have lived their fill of life years, and the health care resources will then be going to the younger Americans?

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