

Obamacare Pushes for Early Death

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By **Betsy McCaughey**

The Obama White House has backed off expressly including end-of-life counseling as part of annual well visits for seniors on Medicare.

That is a victory for Americans of all ages who spoke out against this government intrusion in how and when we die. But two problems remain to be solved: the government's attempts to script what is said between doctor and patient on this issue, and government's heavy-handed efforts to motivate doctors financially to push patients into end-of-life counseling.

Under the Obama health law (section 936), government is developing and widely disseminating "decision aids"; that is, brochures and the like for Medicare patients on how and when to die. That is not the government's business.

Uncle Sam is not an impartial adviser. The sooner you give up on medical care, the less money the federal government has to pay out. It would be like asking any health insurer when you should say "enough is enough" to medical care.

The shift of resources from Medicare to Medicaid under the new Obama health law puts this in perspective. That law, enacted in March 2010, expands Medicaid and children's health programs to cover an estimated 85 million people in 2014, and funds that expansion largely by reducing future funding for Medicare.

It's like robbing Peter to pay Paul, only it's robbing Grandma and Grandpa. That makes the administration's offering of yearly end-of-life counseling particularly suspect.

All of us will face end-of-life decisions for our family members and ourselves. A trusted doctor, a sympathetic nurse, a cleric, a family member or long time friend is where we should turn.

Every hospital also provides information on advanced directives to every adult patient. We don't need lessons produced by the Obama-funded "Shared Decision Making Resource Center."

One of the new Congress' first actions should be to defund section 936, Obamacare's early death propaganda machine.

Medicare officials call the counseling “voluntary.” Medicare grades and pays doctors based on compliance with protocols. Getting patients to sign advanced directives is one of the measures that affect doctors' compensation.

Measure 47 of the Physician Quality Reporting Index is "percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation . . . that an advanced care plan was discussed."

Until 2015, doctors will earn a bonus for high scores on the PQRI, and under the Obama health law beginning in 2015 they will be penalized for low scores. In other words, if patients don't take the end of life consultation and follow through by making living wills, it could lower the doctor's pay for the entire year.

Doctors are paid so little by Medicare that many are leaving the program, so it is predictable that some doctors will pressure patients into end-of-life counseling.

When a medical professional in a white coat asks a patient to sit and listen, it's hard to say no.

In that sense, end-of-life counseling will not always be voluntary. The remedy is to remove it from the grading system, so the choice is truly the patient's.

Keep government out of the business of producing end-of-life lessons.

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