

White House health care forum: Obama's plan for "evidence-based" medical cuts

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A White House forum on health care provided some insight into the Obama administration's vision for a reform of the system. In the ABC News program "Questions for the President: Prescription for America," broadcast Wednesday night, Obama outlined proposals for a revamped health care system in which medical services would be subject to "evidence-based" analysis and the profits of the insurance giants would remain intact.

For the scripted affair, 164 people gathered in the East Room of the White House, with a select number posing questions to the president—all vetted in advance by ABC News. The life-and-death struggles of millions of Americans—those without health insurance, families bankrupted by medical bills, those suffering as a result of inadequate care or no care at all—found little reflection at the event.

What dominated—with prompting by ABC moderators Charles Gibson and Diane Sawyer—was the challenge of trimming medical costs, defending the "free market" and drafting reform of the health care system that would not contribute to the national debt. That being said, Obama's response to some of the questions from the audience offered a glimpse into his views on health care issues.

The first question came from Dr. Orrin Devinsky, an epilepsy specialist. He stated that in the past "politicians who have sought to reform health care have tried to limit costs by reducing tests, access to specialists, but they've not been good at taking their own medicine."

Devinsky asked Obama, were he to participate in the national health plan and one of his family members became seriously ill, and possible alternative treatments weren't covered by the plan, "Would you potentially sacrifice the health of your family for the greater good of insuring millions? Or would you do everything you possibly could as a father and husband to get the best health care and outcome for your family?"

Obama dodged the issue of whether, in his position of financial privilege, he would pay for such treatment,

responding only, "I always want them to get the very best care." But he went on to make use of the question to argue that, in general, people are receiving *too much* care, particularly at the end of life.

"There is a whole bunch of care that's being provided that every study, every bit of evidence that we have indicates may not be making us healthier," he said, adding, "We are getting a lot of quantity of care, but we're not getting the kind of quality that we need."

The president elaborated on this theme in his answer to the next question, from Dr. John Corboy, a neurobiologist and medical professor, who asked, "What can you do to convince the American public that there actually are limits to what we can pay for with our American health care system?"

Obama stated, "If we don't drive down costs, then we're not going to be able to achieve all of those other things." He then advanced the necessity of tailoring medical treatment to "evidence-based care." Under this "less is better" scenario, millions of Americans would be denied vital treatment, and be herded into a sub-standard system where potentially life-saving treatments would be denied in the interest of cost-effectiveness.

Perhaps the most revealing exchange took place between the president and Jane Sturm, who is the caregiver for her now 105-year-old mother. Sturm related how her mother had a pacemaker inserted just five years ago, although it had originally been discouraged by an arrhythmia specialist who said it was too expensive and not justified at her advanced age.

Ms. Sturm asked Obama, "Outside the medical criteria for prolonging life for somebody elderly, is there any consideration that can be given for a certain spirit, a certain joy of living, quality of life? Or is it just a medical cut-off at a certain age?"

Obama's response was particularly blunt and cold. After saying that there were always individual considerations involved, he stated, "I don't think that we can make judgments based on people's spirit. That would be a pretty subjective decision to be making."

He proceeded to explain, however, that such decisions would ultimately be based on the bottom line. “Understand that those decisions are already being made in one way or another,” he said. “If they’re not being made under Medicare and Medicaid, they’re being made by private insurers.”

He added, “Loading up on additional tests or additional drugs that the evidence shows is not necessarily going to improve care, that at least we can let doctors know and your mom know that, you know what? Maybe this isn’t going to help. Maybe you’re better off not having the surgery, but taking the painkiller.”

The concept of rationing care is a key component of any healthcare “reform” as conceived by the Obama administration. In an interview published May 3 in the *New York Times* magazine, Obama noted discussions with his budget director, Peter Orszag, where they talked about using “comparative-effectiveness studies as a way of reining in costs.”

Obama complained in the same interview about the “very difficult moral issues” surrounding paying for medical care for patients in the end stages of life. “But that’s also a huge driver of cost, right?” he asked. “I mean, the chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care bill out here.”

Another audience member at Wednesday’s forum, Ronald Williams, CEO of the Aetna insurance company, spoke in opposition to a “public option” of government-organized insurance in any plan. “I think it’s difficult to compete against a player who’s also the person who’s refereeing the game,” he said.

Obama pointed out, “One of the incentives for private insurers to get involved in this process is that potentially they’re going to have a whole bunch of new customers, paying customers.” In return for this new business, he said, there should at least be “some competition so that, for example, you can’t eliminate people for pre-existing conditions. You can’t cherry-pick just the healthiest folks, and a public option is one tool by which we can do this.”

Williams, it should be noted, took in \$38.12 million in compensation last year, and \$77.86 million over the previous five. Obama assured the CEO that “the insurance companies will thrive” under any plan. “Aetna is a well-managed company,” he said, “and I’m confident that your shareholders are going to do well.”

Obama’s proposal for a “public option”—which has garnered charges of “socialized medicine” from Congressional Republicans—is, in any event, not set in stone. According to ABC News, White House Chief of Staff Rahm Emanuel told a group of Democratic senators Tuesday night that Obama was open to “alternatives” to a public plan.

Later in the program, Obama explicitly spoke against establishing “a single-payer system in which the government operates what is essentially a Medicare for all.” He said, “For us to completely change our system, root and branch, would be hugely disruptive.”

Disruptive to what? The concept of a rational, government-run program providing quality, affordable health care is virulently opposed by the ruling elite and its political representatives in the White House and Congress because it poses a threat to private ownership of the healthcare system and its profits.

Thus, the debate over health care—a basic human right—has been turned on its head, with all discussion focused on slashing costs, limiting care and devising a plan that is “deficit neutral.” In cynical fashion, the White House, Congress and their media cheerleaders all agree that there is simply no money to pay for it—this under conditions where trillions have been turned over to the banks and Wall Street financiers with no strings attached.

To finance any new healthcare system, the Obama administration has already pledged to cut more than \$600 billion from the Medicare and Medicaid programs. In the name of universal healthcare coverage and reform, a drastic rollback in healthcare for the vast majority of the working population is being prepared, in which they will receive inferior, second-rate care, and the quality of life—particularly for older patients—will deteriorate.

To engineer a true restructuring of the healthcare system in the interests the vast majority, the working class must requisition it. This can only come about through a socialist reorganization of the economy, and the transformation of the medical, insurance and pharmaceutical industries into democratically controlled public utilities, functioning in the interests of working people.



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