

New York Times decries “squandering” of Medicare funds

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The *New York Times* is continuing its campaign against “wasteful” Medicare spending and “unnecessary” tests and procedures. The latest volley comes in the form of an opinion piece titled “Squandering Medicare’s Money” by Rita F. Redberg, the director of Women’s Cardiovascular Services at the University of California San Francisco Medical Center (UCSF).

In the column published May 25, Ms. Redberg states, “Medicare spends a fortune each year on procedures that have no proven benefit and should not be covered.” She claims that her conclusions are not based on political considerations or any hidden agenda. We beg to differ.

The *Times* has a long record of promoting deep cuts to health care spending. They pushed for passage of President Obama’s health care overhaul as an initial salvo in the campaign to reduce spending on treatments and procedures, particularly for the elderly, while funneling billions to the health insurance industry.

The latest *Times* column is full of deception, beginning with the description of the author. Rita Redberg’s professional resume makes her suitably qualified to promote an agenda of cost-cutting. The newspaper makes no mention of the fact that Redberg worked in the office of right-wing Republican Senator Orrin Hatch from 2003 to 2006. Hatch has been a vocal supporter of cuts to health care programs, criticizing Obama’s proposals from the right.

Redberg is currently the chief editor of the *Archives of Internal Medicine*, a bi-monthly professional medical journal published by the American Medical Association. In that position, according to her UCSF bio, “she has spearheaded the journal’s new focus on health care reform and ‘less is more,’ which highlights areas of health care with no known benefit and definite risks.”

In her column, Redberg identifies a number of screenings and procedures that she claims are in overuse in the Medicare system and should be cut back. She writes that “the chief actuary for Medicare estimates 15 percent to 30 percent of health care expenditures are wasteful,” and that “\$75 billion to \$150 billion could be cut without reducing needed services.”

The wasteful spending cited by Redberg is related to screenings and treatments that have been documented to save millions of lives. For many of the treatments Redberg cites, the problem is not that too many people are receiving them, but that many people are going without.

An approach concerned with the well-being of the population would focus on expanding care and saving lives. But as we have seen throughout the entire health care “reform” debate, the concern of the political establishment is not with improving health care for the majority of people, but protecting and boosting the bottom line of the health-care industry—the private insurers, the giant hospital chains and the drug companies.

There is also an disturbing subtext to Redberg’s argument consistent with the *Times*’ approach to this issue: People are living too long and health care dollars should not be spent on treatments for the elderly when it may only extend their lives for a short time, or make them more

comfortable.

Redberg’s piece targets a range of tests and procedures for cuts in Medicare spending. She relies heavily on the recommendations of the United States Preventive Services Task Force (USPSTF), a government body that is supposedly “independent,” but which in recent years has increasingly recommended cuts in health care services. In 2009 the panel recommended that women under the age of 50 not undergo annual mammogram screenings, which provoked widespread opposition nationally.

The procedures cited by Redberg include:

Screening colonoscopies: The USPSTF advises against routine screening colonoscopies in patients over 75 because it takes at least eight years to realize any benefits. Redberg bemoans the fact that, despite the USPSTF’s recommendation, Medicare spent more than \$100 million for nearly 550,000 colonoscopy screenings, and that around 40 percent were for patients over the age of 75.

The US Centers for Disease Control and Prevention (CDC) notes that when colorectal cancer is discovered early and treated, the five-year survival rate is 90 percent. But less than 40 percent of colorectal cancers are found early because screening rates are low.

Redberg’s argument essentially amounts to the assertion that once people reach the age of 75, there is no longer any reason to protect them from cancer, despite the fact that more and more Americans are living fulfilling lives through their 80s and even 90s. Or rather, it is precisely this trend that is seen as a negative by Redberg and the *Times*.

In 2005, only 50 percent of US adults age 50 or older had undergone a sigmoidoscopy or colonoscopy within the previous 10 years. Surely some of the Medicare patients Redberg says should not receive the screening could be treated and possibly cured of cancer if they received the test.

Screening for cervical cancer in women and prostate cancer in men: The USPSTF recommends against screening for prostate cancer in men 75 and older and against screening for cervical cancer in women 65 and older who have had a previous normal Pap smear. According to Redberg, Medicare spent more than \$50 million in 2008 on such screenings.

In 2007, according to the CDC, 12,280 women in the United States were diagnosed with cervical cancer and 4,021 women died from the disease. Since the introduction of the Pap smear 50 years ago, the screening has been credited with reducing deaths from cervical cancer by 70 percent.

However, about 11 percent of women in the US report that they do not regularly obtain a Pap smear. A 1996 report from the National Institutes of Health (NIH) of the US Department of Health and Human Services shows that half of women newly diagnosed with invasive cervical cancer had never had a Pap smear.

The NIH report notes: “The unscreened populations include older women, the uninsured, ethnic minorities, especially Hispanics and elderly blacks, and poor women, particularly those in rural areas.” An aggressive government campaign to promote and fund cervical cancer screenings would save lives. Redberg maintains that over-testing of older women is

the problem.

According to the CDC, in 2007 in the US, 223,307 new cases of prostate cancer were diagnosed and 29,093 men died of the disease. The risk of getting prostate cancer increases with age. Among every 100 men who are 60 years old today, six or seven will get prostate cancer by age 70.

While there are differences in the medical community over the risks and benefits of prostate screening in the older male population, the CDC recommends that the decision to test or not be arrived at through an informed discussion between the patient and his health care professional. Redberg recommends that Medicare cut off screenings for men 75 and older.

Cardiac stents and defibrillators: Redberg's proposal to reduce Medicare spending on heart stents and defibrillators is the latest installment in a long campaign by the *Times* to reduce "overtreatment" for cardiovascular disease. The paper has argued in the past for reduction in the use of stents to open up blocked arteries, against supposed overuse of artificial pacemakers and over-prescribing of cholesterol-lowering statin drugs.

Redberg writes that, "Multiple clinical trials have shown that cardiac stents are no more effective than drugs or lifestyle change in preventing heart attacks or death." She does not link to these clinical trials, and also fails to mention the most common usages of stents—in combination with angioplasty to treat a sudden blockage of the heart or in the aftermath of a heart attack.

Medical professionals disagree how often stents should be used, and, in particular, on the use of drug-coated versus bare stents. There are also conflicting opinions and studies on whether patients receiving stents have a better quality of life or live longer than those on alternative therapies. But Redberg is most interested in the \$1.6 billion Medicare could save annually if it stopped paying for drug-coated stents altogether.

And although she writes that "some studies have shown that stents provide short-term relief of chest pain," she goes on to state that "up to 30 percent of patients receiving stents have no chest pain to begin with." What about the pain of the remaining 70 percent?

Regarding implantable cardiac defibrillators, Redberg cites a recent study that found "one-fifth of all implantable cardiac defibrillators were placed in patients who, according to clinical guidelines, will not benefit from them. But Medicare pays for them anyway, at a cost of \$50,000 to \$100,000 per device implantation."

The referenced study, published earlier this year in the *Journal of the American Medical Association*, claimed that 22.5 percent of the patients who received the devices did not meet the evidence-based guidelines. Redberg does not inform her readers that this study has generated considerable controversy.

As the WSWS has noted previously, one can always find cases in medicine where a treatment or screening can cause harm or injury. Physicians must constantly weigh the pros and cons of any particular screening or procedure, with the best possible outcome for their patients in mind.

Rita Redberg's column on "Squandering Medicare's Money" has nothing in common with such an approach. She ends her column with the cynical comment, "Of course, doctors, with the consent of their patients, should be free to provide whatever care they agree is appropriate. But when the procedure arising from that judgment, however well intentioned, is not supported by evidence, the nation's taxpayers should have no obligation to pay for it."

However, for those too poor to afford it, there is no way for patients to get and doctors to give "whatever care they agree is appropriate" if it is not covered by insurance. In other words, those who are too poor to afford screenings that the ruling class declares to be "unnecessary" or "excessive" should be denied access. The wealthy, of course, will continue to have access to the best health care money can buy.

Redberg is advancing the *New York Times* long-running health care services, particularly for the elderly, poor and disabled. Her opinion piece came the day after a special election in Buffalo, New York ended in a surprise defeat for the Republican candidate in a vote that was universally acknowledged to be a referendum on Medicare cuts. The Democratic Party establishment responded by insisting that the result should not dissuade anyone from going forward with cuts to the popular health care program.

Redberg's column was accompanied by a *New York Times* editorial declaring that "Sooner or later, Democrats will have to admit that Medicare cannot keep running as it is," and calling for further cuts in the health care program. It was followed by a column by David Brooks calling for a bipartisan agreement to slash Medicare that would insulate both the Democrats and Republicans from voter retaliation.

New York Times columnist Joe Nocera declared the same week, "The debate we need is not about whether Medicare should be reformed, but how." Business columnist Gretchen Morgenson summed up the editorial campaign with a column May 29 on the broader issue of the \$14.3 trillion federal debt limit, citing a new report on the long-term implications for the US and world financial system of the continued growth in debt. This opinion piece bore the remarkable headline, "US Has Binged. Soon It'll Be Time to Pay the Tab."

Readers are expected to accept the following line of argument as given: Medicare is going broke, billions are being wasted on care, and the slashing of services must go forward. Taxpayers, they argue, must not be held hostage to this wasteful spending. Of course, there is no mention of the billions of dollars in taxpayers' money that has been squandered on bailing out the banks, or spent to prosecute a growing list of imperialist wars.

The Socialist Equality Party rejects the entire framework of this debate. A solution to the health crisis lies not in slashing spending and eliminating medical tests and procedures for working people, but in putting an end to the privately owned health care corporations and establishing socialized medicine. Only in this way can health care—a basic social right—be defended.



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