

“Dying in America” report: Latest volley in campaign to slash health care costs

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19 September 2014

A panel appointed by the Institute of Medicine released a report Wednesday titled “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life.” The 500-page report focuses specifically on those people with “a serious illness or medical condition who may be approaching death.”

The report identifies as a burning issue facing America the fact that people are living longer into old age and exorbitant sums of money are being lavished on them to keep them alive. The panel’s recommendations are both sweeping and sinister. They expose the reactionary character of the current overhaul of the US health care system—championed by the Affordable Care Act—whose basic aim is to slash health care spending at the expense of the lives and well being of the vast majority of the population.

The Institute of Medicine is a research arm of the National Academy of Sciences (NAS), which was established by an Act of Congress signed into law by President Abraham Lincoln in 1863. According to its mission statement, “the NAS is charged with providing independent, objective advice to the nation on matters related to science and technology.” A sampling of the 21-member panel tasked with producing the “Dying in America” reveals that it is, in fact, populated with pro-corporate figures, a number of whom have served in government.

Among the doctors, nurses, insurers, religious leaders and experts on hospice and palliative care included on the panel is co-chair David M. Walker, former US comptroller general and founder and CEO of the ultra-conservative Comeback America Initiative. Committee member Leonard D. Schaeffer of the University of Southern California, Santa Monica, has served in various capacities at WellPoint Health Networks Inc.,

pharmaceutical Amgen, America’s Health Insurance Plans, and on numerous health industry boards. He was also assistant secretary for management and budget of the Department of Health, Education and Welfare under the Carter administration.

One could ask why insurance executives and former government budget bureaucrats are sitting on a committee tasked with overhauling end-of-life care for America’s seniors. It is precisely because this panel is concerned first and foremost with cutting costs, and realigning what is already a class-based delivery of medicine into an even more stratified system of health care aimed at cutting costs for government and increasing the profits of the health care industry.

Of central concern for the panel is the fact that life expectancy is increasing, and the costs for care at the end of life consume what they consider an unacceptable proportion of health care spending. From 1995 to 2011, average life expectancy at birth increased from 75.8 years to 78.7 years—a 3.8 percent increase. The report projects that the number of Americans 85 years or older will increase to 4.2 percent of the population by 2050, from the 1960 figure of 0.5 percent.

The report notes, “In the future, the aging US population is likely to experience large increases in certain diseases that are costly to treat,” and despite “stable or slightly falling rates of illness, the growing number of people in the higher-risk age groups means the number of cases will grow,” along with the associated costs to treat these diseases. The solution? Stop expensive hospital treatments for terminal conditions such as heart disease and cancer, and shift elderly patients to palliative care and hospice, with adequate pain management.

The panel attempts to paint this recommendation as the humane response to the needs of patients and their

families. What person facing imminent death wouldn't want to spend his or her last days at home, as free of pain as possible, surrounded by loving family members? But the real reasoning behind this recommendation becomes clear when the report points to the cost of treating some of the most prevalent chronic conditions suffered by the elderly, such as heart disease, diabetes, stroke, chronic kidney disease, chronic obstructive pulmonary disease, Alzheimer's and cancer.

The report finds that in 2010, expenditures for Medicare patients suffering from six or more chronic conditions averaged \$32,658. Approached from the mindset of the cold-blooded actuary, these costs must be slashed. If the committee were to state their objectives honestly, they would say that this is too much to spend on someone who is eventually going to die anyway. Better sooner than later.

The real meat of the "Dying in America" report comes with its call for a "major reorientation and restructuring of Medicare, Medicaid and other health care delivery programs" and the elimination of "perverse financial incentives" that encourage expensive hospital procedures. Leonard Schaeffer, the above-mentioned panel member, expounded on this at a public briefing on the report, saying there needs to be a shift away from fee-for-service medicine, which reimburses doctors for medical procedures, to more emphasis on financial rewards for doctors who talk to patients about their end-of-life care preferences.

In macabre fashion, the panel recommends that such "end of life" discussions begin as early as teenage milestones such as getting a driver's license or heading to college. The objective is clear: people should be conditioned from an early age to accept that herculean efforts to save their lives, utilizing the latest medical technologies, will not be undertaken. What goes unsaid in the report is the fact that the wealthy, and members of the political and corporate establishment such as those represented on the panel, will always have access to the best medical care, as they will be able to pay out of pocket for the most advanced treatments, even if it "only" saves them a few extra days, months, or years of life.

Tellingly, the report notes that younger, poorer and less-educated individuals tend to be less likely to have end of life conversations with their doctors. In the

panel's opinion, it is this working class population that is sapping vital health care dollars in old age as they seek treatment to prolong their lives. Rather, they should be sent home for a "dignified" death free from unnecessary medical intervention.

Not surprisingly, nowhere to be found in the report are any references to the profits of the insurance industry and drug companies. But the truth is that the central financial and moral danger to American society is not the spending on medical care for the elderly working class population, but the capitalist profit system itself.

The Affordable Care Act, Obamacare, is aimed at restructuring the health care system in America in line with the rapacious aims of the ruling elite. It is a regressive attack on the social right to health care in the guise of "reform." The Institute of Medicine's "Dying in America" report and its recommendations are the latest volley in this campaign to realign health care in the interests of the ruling elite.



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