

Ezekiel Emanuel's latest advice: "Skip Your Annual Physical"

Kate Randall
13 January 2015

Another year and a new pronouncement from Dr. Ezekiel Emanuel: "Skip Your Annual Physical." So writes the former top adviser to the Obama White House on health care "reform" in a January 8 opinion piece in the *New York Times*. Emanuel declares: "Not having my annual physical is one small way I can help reduce health care costs—and save myself time, worry and a worthless exam."

Dr. Emanuel, a breast oncologist, is a close ally of the Obama administration, having served from 2009 to 2011 as a special adviser on health care in the crafting of the Affordable Care Act (ACA). He is the brother of Chicago Mayor Rahm Emanuel, Obama's former chief of staff.

Dr. Emanuel is currently a professor of Medical Ethics and Health Policy at the Perelman School of Medicine at the University of Pennsylvania, as well as the director of the Clinical Bioethics Department at the US National Institutes of Health.

He is a long-time advocate of reducing health care costs by rationing medical care based on the "free market" operation of the for-profit health care system. Those who follow his musings will recall that his theories took on a macabre form last September when he penned a piece for the *Atlantic* titled "Why I Hope to Die at 75."

In that article, he argued that valuable dollars should not be wasted on medical services for the elderly, a group who, in his opinion, are insufficiently "vibrant" in their advanced age and have little in the way of creative powers to offer society. He bemoaned the fact that today's health care system has "slowed the dying process."

He builds on these misanthropic concepts in his latest piece, broadening them to encompass the general adult population. He recommends that the estimated 45

million Americans who normally have a routine annual physical forgo the visit.

"From a health perspective," he writes, "the annual physical exam is basically worthless." He bases this conclusion on a 2012 analysis of the Cochrane Collaboration, an international research organization adhering to the principles of so-called "evidence-based" medicine.

The Cochrane Collaboration analyzed 14 randomized controlled trials involving over 182,000 people for a median of nine years, from 1963 to 1999, to evaluate the benefits of routine health checkups not prompted by a specific symptom or complaint. Dr. Michael LeFevre, co-vice chair of the US Preventive Services Task Force, notes that much of the research analyzed by Cochrane was done in the 1960s and 1970s, when more tests, including electrocardiograms (EKGs), were routinely ordered during wellness exams. Some of these have subsequently been shown to be of minimal value in general screening.

However, Emanuel maintains that the "unequivocal conclusion" of the analysis is that "the appointments are unlikely to be beneficial." It proves, he asserts, that annual physicals "did not reduce mortality overall or for specific causes of death from cancer or heart disease." He is quick to add with disapproval, "And the checkups consume billions."

He attempts to back up his opposition to physicals by saying that the annual exams do "little to avert death or disability from acute problems" caused by unintended injuries, Alzheimer's disease or suicides—the fourth, fifth and tenth leading causes of US deaths, respectively.

Why bother, in other words, with a physical exam when you might be hit by a bus, succumb to suicidal thoughts, or suffer from irreversible Alzheimer's

anyway?

The good doctor adds that “screening healthy people who have no complaints is a pretty ineffective way to improve people’s health,” and argues that of the thousands screened, “maybe one or two actually gain a health benefit from an early diagnosis.”

Putting aside the inherent human and social benefit in the “one or two” who might live longer or better from screening at an annual physical, there are other advantages that Emanuel contemptuously dismisses. He notes derisively that “the exam provides an opportunity to talk and reaffirm the physician-patient relationship even if there is no specific complaint.”

It is of no concern to him that such visits are the only connection millions of people have with the medical community in the course of an entire year. And while there are obviously great disparities in the quality of care that an individual might receive in such a visit, it is worth considering some of the benefits.

The annual physical provides an opportunity for the physician to assess the overall physical and mental well-being of the patient. A competent physician will take a patient’s medical history, review medications, observe speech patterns and body language. A precancerous tumor, skin lesion or developing cataracts may be observed during an exam. The doctor will ask if the patient feels safe at home, and tactfully probe for concerns that patients may be hesitant to reveal about their home life. In addition to considering the patient’s current health, these discussions can provide a valuable baseline for evaluating future ailments and concerns.

Then there are the screenings so disparaged by Emanuel that may take place, such as PAP smears and diabetes testing. He assures us, “My New Year’s resolution does not mean I won’t get my annual flu shot or a colonoscopy every 10 years,” but ignores the fact that it is at the annual physical where patients often receive a flu shot and set up appointments for vital screenings such as colonoscopies and mammograms. A 2011 Veterans Affairs report found evidence that preventive health visits may increase the likelihood that patients receive PAP smears, cholesterol screenings and fecal occult blood testing.

Emanuel ignores another inconvenient reality: one of the most highly touted provisions of the health care reform commonly known as Obamacare, which he so vigorously defends, is its requirement that all health

care plans sold on the ACA exchanges provide annual wellness visits and 15 associated preventive services without a patient co-payment. But he now cynically advises that people insured through the ACA, or through any other health plan, waive this benefit.

The same doctor who recommends ditching the annual physical writes in his most recent book that Obamacare sets the stage for the end of employer-sponsored health care in America. “By 2025,” he predicts, “few private-sector employers will still be providing health insurance.” He declares approvingly that traditional employer-sponsored health insurance, the way about 150 million Americans currently receive their coverage, will be replaced by de facto vouchers to purchase insurance on private exchanges or be eliminated altogether.

Emanuel’s advice that people self-ration their medical care and stop having annual exams is one of the clearest indications that Obama’s health care “reform” is aimed not at providing near-universal, quality health care, but at rationing health care services for the vast majority of ordinary Americans. The health care overhaul has been deliberately designed to transform an already heavily class-based system of health care delivery into one in which working families are relegated to even more bare-bones care, while the wealthy of Ezekiel Emanuel’s ilk continue to receive the best treatment money can buy.

Corporate America will save trillions in labor-related costs, and the precedent will be set to privatize and dismantle the federal health care programs—Medicare and Medicaid.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact