

Death Knell For Medicare?

Wilson L. Thompson, Ph.D

Obama Care remains inscrutable for most Americans. We are flying blind. Like D.C. politicians, we have yet to plow through dense legalese that now regulates medical care. Few understand its legal, let alone fiscal, implications. Thankfully, Betsy McCaughey, a constitutional scholar, has read the entire 2,572 page text of the “Affordable Care Act.” She distills her findings in *Beating Obama Care*, Regnery (2014). “Will I be able to keep my doctor?” “Can I keep my health insurance for sure, as promised by the President?” The answer to these questions, we are reminded, is definitely, “No!” and “No!” Recent projected loss of health insurance by millions is not a statistical artifact manipulated for political advantage.¹

McCaughey offers a plain English alternative to Obama Care. It would help “make insurance affordable and fair, without the federal government bludgeoning doctors and patients into accepting one-size-fits-all medical care” (p-147). Similarly, she includes a glossary of technical terms to clarify changes ahead under Obama Care. Her “Dictionary of Obama Care” (p-163ff) is a piecemeal list of alarms about projected degradation of America’s medical infrastructure. This results from huge cuts in Medicare funding, which economists like Samuelson have determined is unsustainable.²

McCaughey notes the Affordable Care Act, unless repealed, calls for cuts that in effect eviscerate Medicare. Cuts from MediCare of \$716 billion over ten years help fund expected increases in Medicaid enrollment and new subsidies to buy health plans on state exchanges (p-75). The new 3.8% *Medicare tax* (2013) on unearned income “is misleading because the revenue will not go to Medicare” (p-89). Rather, it also helps subsidize increased Medicaid enrollment. Finally, Obama Care awards bonus points to hospitals that spend the least per elderly patients. It also penalizes higher spending hospitals and their outpatient therapy up to 30 days after a patient’s discharge from surgery, e.g., joint replacement.

The President has talking points for such meat cleaver cuts to Medicare. In 2009, he told a woman, “Maybe you’re better off not having the surgery, but taking the painkiller” (p-79). But, this runs contrary to medical science. Studies show that seniors having knee replacements are less prone to heart failure. Current cuts in Medicare funding threaten to roll back decades of progress in longevity. Prompt medical intervention enables senior citizens to continue their active lives. Some begin second careers. Many serve as volunteers in retirement. State-of-the-art surgery frees millions of seniors from wheel chairs, nursing homes, and physical incapacitation: angioplasty, heart by-pass, hip and knee replacement and cataract removal. Funding cuts to Medicare “will doom seniors to more painful aging and shorter lives” (p-80).

Medicare spending is to be limited by “lowering the standard of care for everyone and compelling Americans who already had insurance to do with less” (p-137). A key objective of Obama Care is to transform “Medicaid from a temporary safety net to a permanent entitlement in place of private insurance [*and Medicare*]” (p-65). But, Medicaid only pays doctors and hospitals “86 cents to 91 cents for every \$1 of care delivered” (p-71). McCaughey reports a study of 900,000 surgery patients that found “Medicaid patients were 50 percent more likely to die in the hospital after surgery than patients with private coverage. ... Medicaid patients were [*also*] 13 percent more likely to die than patients with no insurance at all” (p-69f). Similarly, it was found “that 13,815 California seniors treated at low-spending hospitals would have survived and left the hospital had they received the extra care provided at higher-spending hospitals” (p-77).

McCaughey warns that Obama Care creates a panel of cost cutters beyond over a half a trillion in mandated Medicare cuts. This unelected Independent Payment Advisory Board (IPAB) is charged “to identify further cuts in what doctors, hospitals ... are paid to care for seniors” (p-83). All of this takes place under the Orwellian eye of the IRS with ranks swelled by “more than a thousand new auditors and \$359 million in 2012 alone to [*enforce*]the new health law” (p-87f).

Secular, politicized tax men now invade erstwhile privacy of physician-patient decisions down to the last colonoscopy.

This choreographed collapse of Medicare thereby sets the stage for *mercy killing* of ailing seniors denied routine

medical care. Once euthanasia is legalized, as with abortion, medical killing can increase by bureaucratic inertia. In Holland we sadly see an example of legalized euthanasia that is “out of control.” Dr. Peter Saunders, attributes this proliferation of euthanasia to *incremental extension*, “the steady intentional escalation of numbers with a gradual widening of the categories of patients to be included.”³ Our nation is perched on the threshold of a Geriatric Holocaust. God help us!

1. URL is <http://www.mcclatchydc.com/2013/11/07/207909/analysis-tens-of-millions-could.html>

2. URL is http://www.washingtonpost.com/opinions/why-we-must-end-medicare-as-we-know-it/2011/06/05/AGs7AmJH_story.html

3. URL is <http://www.lifenews.com/2012/09/27/dutch-euthanasia-preys-on-mentally-ill-psychiatric-patients/>