

Medicare cuts to enforce 'right to die'

by Kathleen Klenetsky

Millions of elderly Americans face the possibility of being denied access to health care as a result of lethal new reductions in Medicare, the federally-financed program which provides medical coverage for America's more than 30 million senior citizens. As Lyndon H. LaRouche, Jr. warned on a national television broadcast on March 26, 1984, the Reagan administration is in fact implementing Nazi euthanasia against the elderly, whatever the conscious intentions may be.

The cuts, totaling a whopping \$1.1 billion, were finalized on June 27 as part of a deficit reduction package which also included \$50 billion in new taxes. The House of Representatives approved the reductions by a vote of 268-155, followed by the Senate voting them up by a similar margin. The cuts had the enthusiastic support of the Reagan administration. Just before the vote, Reagan had sent a personal letter to Congress reiterating his backing for "this major element of the deficit reduction package" and claiming it "will help ensure that the economic recovery now under way is sustained. . . ."

Legislating murder

As mandated by the legislation, the Medicare cuts will be achieved through the following methods:

- a two-year increase in what Medicare recipients pay for doctors' visits;
- a rise in the premiums which Medicare enrollees pay to an estimated \$21.30 a month by 1987;
- a 15-month freeze on doctors' Medicare fees;
- a limit on the rate of increase in payments to hospitals for in-patient services for Medicare beneficiaries. The bill also establishes a national fee schedule for laboratory services.

The reductions represent the latest and most savage attack on Medicare, which serves as the sole source of medical-care assistance for many elderly Americans. Coupled with slashes in state and local social-service programs, many senior citizens will now be completely cut off from doctor and hospital care and left to die, simply because they cannot afford the premium and payment increases.

This is tantamount to outright murder, but the liberal Democratic coterie around Walter Mondale—which has vociferously criticized the Reagan administration's social-service budget-axing—nevertheless supports the cuts. As House Majority Leader Jim Wright (D-Tex.), an early Mondale

endorser, put it, the Medicare cuts represent "a reasonable compromise."

Medicare recipients have already been hard hit by previous cuts in the program. Financing for Medicare has declined steadily since 1981, a victim of the Nazi-modeled "cost-benefit analysis" mentality epitomized by Colorado Gov. Richard Lamm's recent demand that the elderly and terminally ill "die and get out of the way" because they're using up precious resources.

Last October, the federal government enacted sweeping changes in Medicare. The primary innovation involved the creation of a prospective payment system, under which Medicare reimburses physicians and hospitals based on what it figures treatments should cost rather than on what they actually do cost. Four hundred and seventy separate categories of treatment, or Diagnostic Related Groups, each with a corresponding reimbursement schedule, have been established. If a hospital spends more than the schedule permits, it is no longer reimbursed for the difference.

The new system has forced hospitals to adopt drastic measures simply to stay alive. "Efficiency experts" are being called in, personnel laid off, diagnostic tests reduced, and doctors lectured on the art of cost control.

One of the worst results has been the forced discharge of many "unprofitable" Medicare patients. At Senate hearings in February, Dr. Thomas Dehn, a radiologist and vice president of the American Medical Peer Review Association, testified about an elderly Medicare patient who was discharged from a Milwaukee hospital Dec. 29 and sent to a nursing home, even though she was suffering congestive heart failure and pneumonia. She died before she could be readmitted to the hospital.

The same nursing home, Dehn said, reported at least five other cases of hospitals' prematurely discharging patients in an effort to avoid costs in excess of Medicare DRG fees.

On top of the federal Medicare cuts, many states have also enacted their own reductions. Mississippi, for example, recently slashed \$24 million from its Medicare budget. The state of Alabama just set up a review board which decides whether or not a Medicare patient should even be allowed into the hospital. Hospitals will not receive payment for patients admitted on an emergency basis who subsequently do not receive board approval.

The devastating effect of the Medicare cutbacks dominated discussion at the American Medical Association's House of Delegates meeting in June. Numerous physicians said that they feared that the growing "right-to-die" movement, coupled with medical cost-cutting, will force them to do less than they should to care for their patients. The AMA's Board of Trustees predicted there will be an "inevitable clash" between the use of new medical technologies and cost-containment. Pointing to the Medicare cutback, the trustees said that it "threatens to interpose itself . . . versus good medical care."