

‘It Looks an Awful Lot Like Euthanasia’

Jan. 7—On Dec. 28, the editor-in-chief of the daily *Avvenire*, organ of the Italian Catholic Bishops Conference, published a scathing commentary on U.S. President Barack Obama’s T4 executive order, under the headline: “Health Care Costs in the U.S. Are Rising . . . And Then/If Obama’s ‘Care’ Dumps Costly Patients” (making a play on words between the English “care” and Italian “cari,” meaning “costly”).

After having explained what Medicare is, and how much Obama has invested politically in health reform, editor Francesco Ognibene writes: “The President’s concept of *care* [in English], runs into some striking contradictions, exactly in the areas where there is extreme vulnerability: After having fought to include abortion in health measures paid for by the state, Obama has once again shown that he has an individualistic and casual notion of the right to assistance, through a substantial and procedural choice that leaves one aghast. In fact, starting Jan. 1, the ruling will take effect by which the White House includes counseling on end-of-life choices in the annual check-up which all people over 65 are entitled to, paid for by taxpayers.

“In the check-up, as the *New York Times* explained in its Christmas issue, the patient can ‘state how *aggressively* they wish to be treated if they are so sick that they cannot make health-care decisions for themselves.’ A full-scale living will at the national level, probably destined to provoke endless litigation with state laws, that are not always in line with the absolute self-determination orientation chosen by Washington. But Obama wants to bring home at all costs a program that—according to calculations—could be decisive to ensure the sustainability of the whole health reform.

“This is demonstrated by the fact that, still stung by

the exhausting (and losing) confrontation on abortion with the Republicans and with one section of his own party, Obama preferred to outflank Congress and take the (vile) shortcut of a ruling, well aware of the fact that with the beginning of the year, the new Congressional majority will change the political equilibrium and make it harder for his policies to get through Congress. And thus, who cares about democracy, if the budget must be balanced? In the Obamian pragmatic system of thought, a rule on the ‘end-of-life’ can be taken away from the free Congressional vote, if billions of dollars are at stake: those billions that would be necessary to ensure adequate treatment to elderly patients with serious disabilities, terminally ill, vegetative or neurodegenerative

patients. Chronic illnesses and patients in the end-of-life stage represent, in fact, 80% of health costs. And therefore, to save larger sums, a nice cut with the scissors would suffice, on what an efficiency-only culture—efficiency in costs as well as of the body—shamelessly considers as

‘waste.’

“It’s enough for the doctor to inform the elderly patient about how his life could become in the event of serious infirmity, and it is not difficult to imagine what the choice of many Americans could be, when they are in a fragile condition and are put under pressure by a government-paid doctor. Knowing that Republicans, the pro-life movements, and the Catholic world are ready to oppose such a brutal choice, Obama took the end-of-life chapter out of the Medicare bill, hushing up his decision until the eve of its enforcement.

“Now that the cards are finally on the table, it is terrifying to see the questions a University of Michigan professor has suggested to doctors for discussions with elderly patients who already have health problems: ‘If you have another heart attack and your heart stops, would like us to start it again?’ ‘As an emphysema patient, would you like to spend the rest of your life hooked up to a respirator?’ ‘When the time comes, do you want technology to be used to attempt to delay your death?’

“They call it *care*, but it looks an awful lot like euthanasia” (emphasis in original).

