

'Death, Dying and Decision-Making': Cutting Hospital Costs to the Bone

How to get the population to accept the fundamentally anti-human notion that death is just another phase of life was the topic of discussion as 400 thanatologists, right-to-die advocates, "medical ethics experts" and various others gathered in San Francisco for a conference on "Death, Dying and Decision-Making." The conference, which was cosponsored by the Bioethics Group of the University of California San Francisco School of Medicine and a New York-based group which calls itself "Concern for Dying," took place on the same weekend as the People's Temple mass suicides in Jonestown, Guyana.

The conference agenda featured such highlights as a film entitled "Death by Request," an address on "Medical Dilemmas in Clinical Decision-Making for Terminally Ill Persons" by Dr. Urs Peter Haemmerli, M.D., of Zurich, recently acquitted on

manslaughter charges incurred for letting a patient die unnecessarily, and broad discussion of specific measures for organizing a death cult in the United States.

The most important of these, according to conference participants, is the so-called living will. Now on the law books in eight states and under consideration in 27 others, the living will is a document popularized by Concern for Dying and its legislative arm, The Society for the Right to Die. The wills, which are legal documents to be signed by individuals, state that should "the situation ... arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or 'heroic measures.' I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life."

Concern for Dying — which this year changed its name from the Euthanasia Educational Council because, as a spokesman put it, "we realized that euthanasia is a dirty word" — has distributed millions of copies of the living will and has been instrumental in securing its passage on the state level. Now, the group is itching to get the living will — the ultimate hospital cost-containment measure — incorporated into federal law. According to George J. Annas, a member of Concern for Dying's Board of Directors and a member of the Boston University School of Medicine's faculty, this will be achieved by making the signing of such a living will a prerequisite for participating in Kennedy's national health insurance program. "Of course," Annas said in an interview, "you don't *have* to say you want them to pull the plug."

pushing the same line on hospital costs in a series of public hearings he held this week in Chicago, Los Angeles and Denver to publicize his national health insurance bill. Kennedy plans to introduce the bill into Congress within eight weeks.

While the final draft of the legislation remains a closely guarded Kennedy's office confirms that its primary concern is to slash, under the guise of "cost-containment," the quality and quantity of medical services available nationwide.

Kennedy himself proclaimed in a statement dated Oct. 2 that his "national health insurance is a system that will provide incentives for alternatives, less costly delivery models (such as health maintenance organizations — HMOs — and hospices — ed.); it is a system which will enable through progressive reimbursement policies, an emphasis on prevention of disease, of increasing individual responsibility for maintaining health. . . ."

In addition to legislating a dramatic deterioration in medical care standards nationwide — a deterioration which will contribute directly to the deaths of untold numbers of people — the Kennedy bill will also provide a multibillion dollar payoff to the insurance industry, which is significantly under the control of

the London-based international drug trade. (This swindle will be fully documented in an upcoming *Executive Intelligence Review* feature — ed.)

The story on the health insurance bill does not end here, however. According to informed sources, once Kennedy manages to win congressional approval for his health bill, HEW will mandate that every participant, as a condition for receiving insurance coverage, indicating whether or not he wants the "plug pulled" during the "dying process."

Despite Califano's ostensible opposition to the Kennedy bill, sources report that the HEW Secretary secretly favors it, and sees it as the key means for getting his own hospital cost-containment proposals off the ground.

Kennedy power play

The Kennedy machine is so determined to see that these programs become the cornerstone of U.S. domestic policy that they have launched an ambitious campaign to consolidate control over government departments which will have primary responsibility for administering them. The most visible indication of this push is the proposal cooked up by the Brookings Institution and now under consideration by President