

The Voters Must Decide: Stop Rationing Health Care!

by Helga Zepp-LaRouche

Mrs. LaRouche is the chairwoman of the Civil Rights Solidarity Movement (BüSo), a German political party. Her statement has been translated from German.

May 23—During his speech on the state of health care, at the 112th German Medical Assembly in Mainz on May 19-22, Prof. Jörg-Dietrich Hoppe, president of the German Medical Association, deliberately unleashed a heated controversy when he pointed out that, in reality, for quite some time now, there has been inadequate provisioning, and rationing, of health care in Germany. He wanted to provoke a discussion on this, in order to force political leaders to show their true colors, and to spark a public discussion on how much we are prepared to spend on health care. Professor Hoppe is to be lauded for his courageous honesty. Yet, the reportage in most of the media is a prime example of their habitual Orwellian distortion of the truth.

Contrary to what most media claimed, and also to the hypocritical show of outrage from Health Minister Ulla Schmidt—whose policies are co-responsible for the current sorry state of our health-care system—Hoppe did not call for rationing or prioritization; rather, he simply pointed out that this is what already exists. In his opening address, he stated: “We doctors in Germany—let me say this once again clearly—do not want rationing; we do not want any cuts in medical services. But we also do not want to continue to be held responsible for the state-decreed shortages in doctors’ offices and clinics.”

Germany’s health-care system is on the verge of collapse, as the result of dramatic under-financing, Hoppe continued, and there must be a public debate over how much shall be spent on our health-care system, or, whether the prevailing public opinion is that health care is a lower priority—but then, we would have to speak openly about a prioritizing of treatment.

The blinding of the public, by fooling them into thinking that the health-care system is secure, must stop.

Members of the Free Medical Community, a grassroots movement, who had organized protests throughout the week of the Assembly, with nationwide closures of doctors’ offices, went so far as to speak of fraud. Patients are being lured into believing that they are receiving all the requisite care, while the doctors are financially strangled, which makes *them* sick. Community president Martin Grauduszus likewise termed it a fraud, that the insured are being charged higher rates, while the funds flowing into actual health care are steadily dwindling. Above all, the availability of care near to the patient’s residence is currently severely threatened. And the so-called private medical centers, which are run by corporations, wouldn’t change the picture one bit.

The Rationing Policy

In a separate talk on patients’ rights, which are now threatened because of the national health-care policy on mandatory health insurance—and not by doctors’ choice—Hoppe painted a dramatic picture of the extent to which rationing is already being practiced. The result: insufficient investment in modern medical technology, personnel cuts, overworked personnel, increasingly long waiting periods, and a lower standard of hygiene as the result of cost cutting—all of which is being covered up by political leaders. Especially odious for doctors, is the fact that patients who are diagnosed with the exact same malady, must receive a different quality of treatment depending on their insurance status, especially with regard to the spectrum of care provided.

The under-financing of in-patient psychiatry, and of care for dementia patients, only allows for a “keep them fed, quiet, and clean” policy. In nursing homes, adequate medical care is no longer guaranteed; rescue



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Prof. Jörg-Dietrich Hoppe, president of the German Medical Association, presses a point with Federal Health Minister Ulla Schmidt, at the 2008 German Medical Assembly. Hoppe is calling for a halt to the rationing of health care based on cost considerations.

squads are being cut, the quality of medical supplies is being degraded, and the number of hospitals will be down by 20%. Over the past ten years, approximately 50,000 health-care jobs have been eliminated. The list of concealed, yet incontestable rationing could be extended with many more examples. The long and short of it, is that our health-care system is on the verge of collapse.

At the Medical Assembly, participants did not even remotely comprehend the effects of the current breakdown of the financial system, or the magnitude of the looming threat of a new influenza pandemic on the scale of the Spanish flu epidemic of 1918-19. And yet, Hoppe's intervention made it clear that things cannot continue as they have heretofore. The paradigm-shift introduced in 1992, by then-Health Minister Horst Seehofer and Social Democratic Party social policy expert Rudolf Dressler, which imposed the now massively escalated cost-benefit thinking on the health-care system, which policy the current Federal Health Ministry fully backs, has brought about today's catastrophic situation.

Since 1991, the number of hospital beds in Germany has declined from 665,565 to 510,767. By 2006, the number of beds had dwindled from a ratio of 8.3 per 1,000 inhabitants, to only 6.2 per 1,000. In the mean-

time, at the statutory health insurance funds, economic criteria have increasingly come to be the determining factor in decisions as to what therapies can be prescribed. In reality, for some time now, Germany has had a three-class medical system: While wealthy private patients are treated quickly and at a high level, care provided to insured patients, who still have the financial means to make the now-considerable supplementary payments, has been seriously degraded, while the situation for the socially disadvantaged, the chronically unemployed, welfare recipients, and the poor generally, has already become intolerable.

It is indisputable, that cuts in health care and social services go hand-in-hand with reduced life expectancy. In Germany, on average,

poor people live seven fewer years. The American economist James Galbraith recently pointed out once again, that in Russia, life expectancy of males has declined from 65 to 58 years, as the result of cuts in living standards following the collapse of industry since 1991. In countries such as the United States, Great Britain, the Netherlands, and Switzerland, there has been an open debate on the economic benefits of physician-assisted suicide.

It is therefore all the more important that the German Medical Association heed Professor Hoppe's call, and summarily reject any and all attempts to make physician-assisted suicide into a socially acceptable practice. It is all the more shocking, that the 66th German Congress of Legal Professionals took the position that assistance provided by a physician in killing a patient is not only permissible legally, but is an ethically defensible form of terminal care. Hoppe stressed that this runs profoundly contrary to the spirit and content of the physician's mission: "To state it as clearly as possible: Assisted suicide is not a physician's task, nor, my dear colleagues, should it ever be so."

'Unprofitable' Patients Will Be Dumped

Thanks to the Health Ministry's policies, Germany's health-care system now faces an array of addi-



Marburger Bund

German doctors demonstrate against cost cutting, in Marburg in 2006, with signs such as “A Doctor’s Life—From Trauma Job to Job Trauma.”

tional threats. The medical centers which are run by non-physician managers not only constitute an assault on the role of resident physicians; they currently can only turn a profit because they accept only “profitable” patients. It is obvious what will happen with all the others, once the resident physicians have all disappeared. Private hospital companies such as Rhön, Asklepios, Helios, and Sana, which go in the direction of the U.S. HMO model, are making inroads. One could hardly be more cynical than Rhön’s CEO Wolfgang Pföhler, who speculates that, because of the escalating economic crisis, tax revenues of municipalities are going to collapse by the end of this year, at the latest, and that municipalities will then be forced to divest themselves of those operations, such as public hospitals, that are losing money. But in order to turn money-losing operations into profitable businesses, unprofitable patients will simply have to be dumped.

The public discussion which Hoppe is calling for, is urgently necessary if, under the current conditions of an escalating financial and economic crisis, we are ever to prevent the spread of bestial ideas such as the debate now going on in the United States and Great Britain on

the “Quality Adjusted Life Year” (QALY). President Barack Obama recently touched on this when he commented that his own grandmother’s hip operation may have been unnecessary in view of her advanced age.

If cost-benefit thinking in health care ever becomes acceptable, then, amid a collapse crisis, there is the danger that under increasing pressure to reduce costs, there will be a return to the triage and euthanasia that existed under the National Socialists. It is therefore all the more worrisome that after Professor Hoppe issued his wake-up call, he was fiercely attacked as being absurd, by economic spokesmen such as German Employers Association

president Dieter Hundt, and Florian Lanz, spokesman of the Central Association of Health Insurance Funds.

The current health-care financing gap—especially when, as a consequence of growing unemployment, the number of people paying into the mandatory health insurance funds continues to decline—must therefore be closed with an even larger percentage of tax revenues. And that is why we need a public discussion. But it is also clear, that this will only be possible if we master the present crisis as quickly as possible. And that, in turn, is only possible if we finally stop refinancing the banks’ worthless financial toxic waste, clean out the banks by means of an orderly bankruptcy procedure, and equip those which remain operational with new credits for productive investment.

No one can doubt that the monetarist model of “money makes money,” under which human beings are reduced to mere commodities, has been a miserable failure. If we once again create full productive employment, as is possible by implementing a New Deal policy and a New Bretton Woods system in the tradition of Franklin D. Roosevelt, then we will be able to finance a top-quality health-care system, too.

The German Health-Care System: 'Make the Secret Rationing Public!'

During the 33rd German Medical Assembly in Mainz on May 19-22, 2009, Helga Zepp-LaRouche interviewed the president of the German Medical Association, Prof. Dr. Jörg-Dietrich Hoppe. The interview has been translated from German.

Zepp-LaRouche: The online edition of *Die Welt* reported very critically about the first day of the Medical Assembly, and only talked about “setting priorities” as the demand of the doctors lobby. However, I have understood you differently: namely that what you really want to do is to call more attention to the current inadequate care, so as to influence policymakers so that more money will be forthcoming. Is that correct?

Hoppe: There is secret rationing, and what we want is to make it public. We want to pose the policy alternatives: Either to improve financial support for health care



Dr. Hoppe says that either the government should improve the financing for public health insurance, so it can actually do its job, or it should admit publicly what it is doing secretly: rationing medical care.

within the public, statutory health insurance, or to transparently and publicly accept the expert recommendation that we prioritize medical care.

Zepp-LaRouche: I noticed at the Medical Assembly, the lack of discussion of the fact that we are faced with a pandemic. I refer to the French virologist Bruno Lina, of the French Reference Center in Lyon, who says that we face the possibility, not of 60,000 infected people, but of 2 billion; and with a mortality rate for the virus of 1 in 1,000 in France, there could be between 20,000 and 30,000 deaths. Shouldn't we launch a crash program and ramp up the expenditures?

Hoppe: When the avian flu hit a few years ago, Germany worked out a pandemic plan, and this pandemic plan applies to the federation, the states, and the health-care institutions. Should it really come to a pandemic—that is, to distinct and widespread human-to-human contagion in Germany, which puts the sick in mortal danger—we would be prepared for it.

Zepp-LaRouche: In the original resolution of the Medical Assembly, which was voted up, you made a connection between the rapid allocation of large sums of money to banks that had gambled away their resources, and the relatively small sums that are made available for health. How do you see the connection between the underfinancing of health care and the collapse of the financial markets?

Hoppe: Of course, there is no direct connection. But one has to acknowledge that the collapse of the financial system made it politically necessary to grant one-time, quite sizable financial support—in whatever form. However, our health-care system has been underfinanced for decades, since we spend only 6% of our domestic product on statutory health insurance, while countries such as Great Britain, Sweden, and others spend 9%. We point out that, in view of this huge gap,