

HEALTH CARE NEWS

UK's NHS Seeks to Limit Care for Smokers, Obese

By: Kenneth Artz
May 13, 2011

British citizens who smoke, drink, or tip the scales because they've eaten too many fish and chips could soon be denied medical treatment for lifestyle-related illnesses. It's a system the United States will be forced to implement under ObamaCare.

Great Britain's government-run health care system, the National Health Service (NHS), has long considered limiting coverage for people with illnesses deemed to be lifestyle-related. In 2005 the National Institute for Health and Clinical Excellence (NICE), the NHS's guiding body, advised that smokers and obese people be refused health care. Now NHS North Yorkshire and York is preventing certain operations for the obese or smokers because they say unhealthy lifestyles lower their chance of success.

Clare Gerada, chair of the Royal College of General Practitioners, told UK reporters, "These policies are being introduced because of financial constraints," said Gerada.

Government Creating Patient Hierarchies

The government is overstepping its bounds by preventing people from having operations on the basis of their lifestyles, says Patrick Basham, director of the Democracy Institute and a Cato Institute adjunct scholar.

"The NHS is funded by British taxpayers, and throughout their lives they are told that it will be there for them when they need it. Now the government is saying that although you've paid into the system throughout your life, unfortunately you will not be receiving treatment because the NHS has checked off some boxes when you were admitted to the hospital and find that you are a second-class citizen because you smoke, drink, or are obese," says Basham.

What the NHS is planning on doing is creating a hierarchy of patients, explains Basham.

"Morally, philosophically, empirically, and economically, it is wrong to withhold medical treatment from someone. If they need health care based on a lifestyle issue, they still need care. Denying them care doesn't make them healthier; it harms them," says Basham.

Denial of Care for Groups

Linda Gorman, director of the Independent Institute's Health Care Policy Center, says government shouldn't be involved in rationing health care because it leads to unpopular groups such as smokers, drinkers, and the obese being denied care others receive.

"In England, we know that they regularly deny operations to the elderly and advanced drugs to the sick," says Gorman.

We should expect the same problems soon in the increasingly government-controlled U.S. health care system, Gorman warns.

"In the United States before ObamaCare, the medical system controlled the benchmarks. The system treated everyone, regardless of their ability to pay. Now, under ObamaCare, they've inverted the system so that the benchmarks control the medical system. Government bureaucrats will determine in advance if you can be saved or if you're worthy of receiving certain kinds of care by weighing the odds," Gorman explains. "That's a very dangerous scenario."

'Postal-Code Lottery'

The new NHS developments are not surprising, says **Devon Herrick**, a senior fellow with the **National Center for Policy Analysis**, a think tank based in Dallas, Texas.

"They already have a postal-code lottery. Where you live determines the amount of care you receive. Since there's nothing available outside the NHS, it means the local trust has the authority to change the benefits or determine the level of care you receive," **Herrick** says.

Although everyone is supposed to receive "free" health care from the NHS, **Herrick** notes, NICE determines the level of benefit from a certain drug or procedure. Based on that NICE research, the local trusts may decide the cost of a certain cancer drug is too high or not effective enough so they won't buy any or will ration it in some areas of the country.

Sick v. Healthy, Old v. Young

This process is particularly problematic, **Herrick** notes, when health trusts become biased against the elderly. He notes a recent report by the Economist Intelligence Unit found the NHS ranks near the top in the world in the category of "quality of death," primarily because it focuses less on curing disease and more on assigning the most painkillers.

"They don't think the aged will derive as much benefit from a transplant, or they determine the cost of treatment is wasted on the elderly, so they don't approve them for treatment," **Herrick** said. "What they're doing is creating favored constituencies of patients: The young and healthy vs. the elderly and sick. The politics of medicine dictate that you provide a service for their

votes. Who is the largest voting block? The healthy. People who are in nursing homes or long-term care very rarely vote, so they're the first to be denied care."

"This arrangement is inherent in any socialist health care system," explains Herrick.

Bureaucracy Makes the Decisions

There is little opportunity to appeal these decisions, Herrick notes, because Britain has offloaded the hard decisions to an unaccountable bureaucracy.

"The politicians don't want to be the ones that tell you that you have been denied treatment. They don't want that responsibility because it affects how you will vote," says Herrick.

Basham says such a system is guaranteed to increase denial of health care for cost reasons.

"This may be counterintuitive to some people, but the government should not have a role in withholding health care," said Basham. "I'm cautiously optimistic that if this ridiculous policy gets legs and becomes part of ObamaCare, ordinary people will finally stand up and say this is not right."