

## *Chapter Fifteen*

# The Elderly

### **MYTH NO. 15: SINGLE-PAYER NATIONAL HEALTH INSURANCE WOULD BENEFIT AMERICA'S ELDERLY**

If the experience of other countries is any guide, the elderly have the most to lose under a national health insurance system. In general, when health care is rationed, the young get preferential treatment, while older patients get pushed to the rear of the waiting lines.

### **AGE DISCRIMINATION IN BRITAIN**

Elderly Britons are generally able to schedule appointments with GPs and can usually gain access to medical facilities, albeit with difficulty. However, many do not receive the treatment and specialized care they need. Access to both emergency and nonemergency surgery is limited, as younger, healthier patients are given priority and allowed to pass the seniors in queue. In Britain, what is termed *ageism* has been discussed extensively in medical circles and in the popular media.<sup>1</sup>

- Extrapolating from a Gallup survey, the charity Age Concern estimated that one in ten people, or nearly two million, notice a difference in the way they are treated by the NHS after their fiftieth birthday.<sup>2</sup>
- One in twenty people over age sixty-five said they had been refused treatment; and many said their doctors told them the money would be better spent treating younger patients.<sup>3</sup>

- A British newspaper, *The Observer*, says, “[T]he NHS suffers from ‘entrenched ageism,’ with elderly patients receiving lower standards of care and less respectful treatment than the rest of the population.”<sup>4</sup>
- Although more than one-third of all diagnosed cancers occur in patients seventy-five years of age or older, most cancer-screening programs in the NHS do not include people over age sixty-five.<sup>5</sup>
- The British Thoracic Society and the Society of Cardiothoracic Surgeons of Great Britain and Ireland reported that only one in fifty lung cancer patients over age seventy-five receives surgery.<sup>6</sup>
- In one particularly disturbing case, BBC News alleged that sixty seniors died after being deprived of food and water by hospital staff in an effort to free up hospital beds.<sup>7</sup>

Age discrimination is not just an action of individual doctors or hospital staff. In countries with single-payer health insurance systems, denial of care to the elderly is an institutional choice.<sup>8</sup> For example, guidelines issued by the British Medical Association allow NHS doctors to withdraw food and water given by tube to elderly patients suffering from severe stroke and dementia even if they are not facing imminent death.<sup>9</sup> In an effort to curb costs, the NHS has cut the number of geriatric beds in British hospitals by 50 percent over the past twenty years.<sup>10</sup>

Some NHS critics claim that its policies toward the elderly deliberately aim to eliminate the burden they place on the system and amount to a strategy of involuntary euthanasia.<sup>11</sup> This may help explain why the number of senior citizens deaths per capita from pneumonia is much higher in Britain than in the United States. For instance<sup>12</sup>:

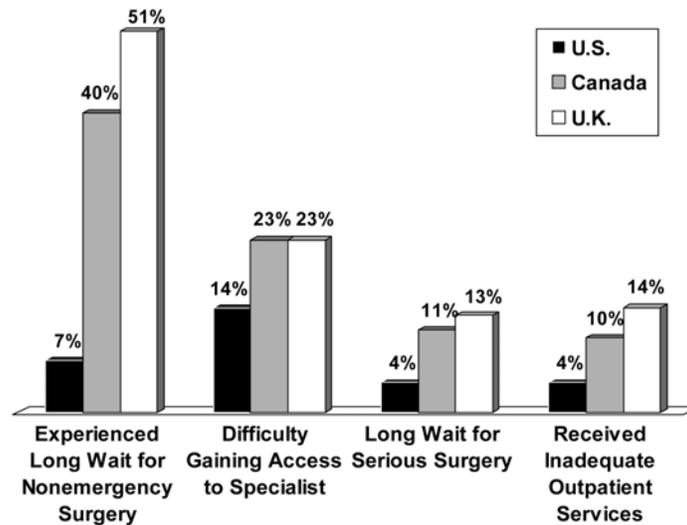
- Deaths from pneumonia for patients between the age of sixty-five and seventy-four are more than double in Britain compared to the United States.
- Almost three times as many British males aged seventy-five and above die of pneumonia than comparable American males—1,304 per 100,000 versus 492.
- More than three times as many British females aged seventy-five and above die of pneumonia than comparable American females—1,233 per 100,000 versus 385.

### AGE DISCRIMINATION IN NEW ZEALAND

New Zealand’s guidelines for end state renal failure programs say that age should not be the sole factor in determining eligibility, but that “in usual cir-

FIGURE 15-1

### How the Elderly Evaluate Their Health Care: Responses to Survey Questions



Source: Cathy Schoen et al., "The Elderly's Experiences with Health Care in Five Nations," Commonwealth Fund, May 2000.

cumstances, people over seventy-five should not be accepted." Since New Zealand has no private dialysis facilities, this amounts to a death sentence for elderly patients with kidney failure.<sup>13</sup>

### INTERNATIONAL COMPARISONS

How serious is the problem of restricted access to lifesaving care and medical technology for elderly patients? Lacking hard data, one can only speculate. As noted above, health economists are reluctant to take population mortality rates as an indicator of health care quality, at least among developed countries. Whether a person lives or dies in any given year is more likely a result of that person's lifestyle and environment than anything hospitals or doctors do.<sup>14</sup> Despite these caveats, if the health care system affects life expectancy in any population group, it is likely to be the elderly. International statistics on population mortality are consistent with the proposition that the

elderly have the most to lose by nonprice rationing of medical care. According to one study,<sup>15</sup>

- Although there is very little relationship between health care spending and life expectancy at birth in OECD countries, at age eighty there is a significant correlation.
- An eighty-year-old U.S. female can expect to live almost a year longer than her British counterpart.
- An eighty-year-old U.S. male can expect to live a half-year longer than his British counterpart.

As the portion of the population that is elderly continues to grow in developed countries, seniors' access to health care in countries with a single-payer health insurance system is likely to deteriorate further. These countries will increasingly face the unpleasant choice of raising taxes or providing less care.

The vast majority of elderly citizens in the United States are enrolled in Medicare. As we note at several points in this book, this system is far from perfect. Nonetheless, with some exceptions discussed in Myth 1, Medicare gives seniors access to virtually all that the U.S. health care system has to offer. Compared to seniors in other countries, America's seniors are truly sitting in the cat bird's seat.

Some have suggested creating a single-payer program in this country by letting everyone join Medicare. But that would be a disaster for the elderly. Under the current system, the federal government uses its monopsonistic bargaining power to pay what often amounts to below market prices for the services of doctors and hospitals.<sup>16</sup> Until now, however, providers have largely been able to cross subsidize—to make up for low Medicare payments by charging private payers more.<sup>17</sup> If everyone were in Medicare, no one would be left to shift costs to. Faced with too little reimbursement, providers would have to ration care. In that eventuality, elderly patients would almost certainly be pushed to the rear of the rationing lines.

## NOTES

1. See, for example, J. Grimley Evans, "The Rationing Debate: Rationing Health Care by Age: The Case Against," *British Medical Journal* 314, no. 7083 (March 15, 1997): 822–25; Ann Bowling, "Ageism in Cardiology," *British Medical Journal* 319, no. 7221 (November 20, 1999): 1353–55; Graham C. Sutton, "Will You Still Need Me, Will You Still Screen Me, When I'm Past 64?" *British Medical Journal* (October 25, 1997): 1032–33; and Michael Rivlin, "Should Age-Based Rationing of Health Care Be Illegal?" *British Medical Journal* 319, no. 7221 (November 20, 1999): 1379.

2. Linda Beecham, "Patients Say the NHS Is Ageist," *British Medical Journal* (April 24, 1999): 1095; Celia Hall, "Campaign to Halt Ageism in NHS," *Daily Telegraph* (London), November 8, 1999.
3. Hall, "Campaign to Halt Ageism."
4. Kamal Ahmed, "Elderly Suffering 'Ageism' in NHS," *The Observer*, January 27, 2002. For the results of a survey on ageism in the NHS, see Caroline Gilchrist, "Too Old to Care," *The Guardian*, May 17, 2000.
5. Nicola J. Turner et al., "Cancer In Old Age: Is It Inadequately Investigated And Treated?," *British Medical Journal* 319, no. 7205 (July 31, 1999): 309–12. Also see Sutton, "Will You Still Need Me?"
6. Martyn R. Partridge, "Thoracic Surgery in a Crisis," *British Medical Journal* (February 16, 2001): 376–77.
7. "NHS Euthanasia Claims 'Nonsense'," *BBC News*, December 6, 1999.
8. Jammi N. Rao, "Politicians, Not Doctors, Must Make the Decisions about Rationing," *British Medical Journal* (April 3, 1999): 940.
9. "British Hospitals Deprive Elderly, Doctors Say," *BBC News*, December 6, 1999. Also see Sandra Laville and Celia Hall, "Elderly Patients 'Left Starving to Death in NHS,'" *Daily Telegraph* (London), December 6, 1999.
10. See report by the Counsel and Care Charity as reported in "Pensioners a Burden to NHS," *BBC News*, April 3, 1998.
11. "NHS Euthanasia Claims Ludicrous," *BBC News*, December 6, 1999.
12. Heinz Redwood, *Why Ration Care?* (London: CIVITAS, Institute for the Study of Civil Society, 2000).
13. Colin M. Feek et al., "Experience with Rationing Health Care in New Zealand," *British Medical Journal* 318, no. 7194 (May 15, 1999): 1346–48.
14. For a discussion of lifestyle and life expectancy, see Gary E. Fraser and David J. Shavlik, "Ten Years of Life: Is It a Matter of Choice?" *Archives of Internal Medicine* 161, no. 13 (July 9, 2001): 1645–52; Damaris Christensen, "Making Sense of Centenarians: Genes and Lifestyle Help People Live through a Century," *Science News* 159, no. 10 (March 10, 2001); Jack A. Meyer and Marion E. Lewin, "Introduction," *Charting the Future of Health Care* (Washington, D.C.: American Enterprise Institute, 1987), 5; Patricia Andersen-Parrado, "6 Strategies to Help You Live Longer and Better," *Better Nutrition* (April 2000); and Hirofumi Shigeta, "Lifestyle, Obesity, and Insulin Resistance," *Diabetes Care* (March 2001).
15. Anderson and Hussey, "Health and Population Aging: A Multinational Comparison."
16. Medicare physician fees were 83 percent of average private rates in 2001. See Kevin Hayes (Medicare Payment Advisory Commission) and Christopher Hogan (Direct Research, LLC), "Medicare Physician Payment Rates Compared to Rates Paid by the Average Private Insurer, 1999–2001," No. 0 3–6, Direct Research, LLC, August 27, 2003.
17. As the hospital marketplace has become more competitive, these cost shifting opportunities are diminishing.

