Editorial

The Complete Lives System: Socialism in Medicine

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Articles that advocate some form of socialism often go to great lengths not to mention the word socialism. Instead, they frequently use the lexicon of socialism, which may not be well-recognized by an unsuspecting public. The socialist lexicon includes such terms as *distributive justice, allocative local justice*, and government-determined *social justice*.

Such articles focus on "fairness" and "equal distribution/equal outcomes," but universally avoid discussion of whether such socialist systems actually work. However, the history of socialist/communist systems is clear. While socialist/communist tyranny certainly can exist in the short term, in the long term it always fails and collapses.

Likewise, articles that advocate someone other than the patient making decisions about what care the patient can or cannot obtain often avoid using the word rationing. Instead they use terms like *allocation of resources*. Such terms assume that an allocator (e.g. political bureaucrat) will make the hard decisions. Such centrally planned rationing schemes arrogantly assume the allocator is better suited to make such decisions in a morally relevant, fair and just manner than is the individual citizen, who may act selfishly in trying to preserve his own life.

Socialism is about forced redistribution of wealth from those who have sacrificed, worked hard, and risked their own resources, to those who have need of resources beyond that which they have personally earned. It is simply government-mandated theft. It breeds resentment in those whose income has been stolen, and it breeds entitlement and dependence in those who are recipients of income they have not earned. It also perversely incentivizes individuals to invest their efforts in pursuing a position of "need" as opposed to investing time in education, training, and labor so as to obtain income.

In the case of the Complete Lives System,[1] "life years" is the object of redistribution. The Complete Lives System is frightening, both in its content and the mere fact that anyone would actually devise such a system.

Five Underlying Principles

The Complete Lives System, co-authored by Ezekiel J. Emanuel, M.D., Ph.D., is based on five underlying principles: Youngest First, Prognosis, Save the Most Lives, Lottery, and Instrumental Value.

The aim of the system is to achieve equal outcomes so as to achieve "complete lives." The system basically seeks to redistribute "life years" from older individuals to younger individuals. The proposed mechanism to achieve this is a centralized system of rationing medical care that limits care for older individuals in favor of providing it to younger individuals. The authors of the Complete Lives article claim this is not age discrimination because all individuals are subject to aging and older individuals have already lived through the age of younger individuals and thus have a greater number of life years.

The Youngest First principle is actually a misnomer, as not all younger individuals are deemed worthy of receiving needed medical care. Children and infants, for example, are deemed to be less worthy of receiving medical care than adolescents and young adults because society has invested more in adolescents and young adults than it has in children and infants.

The authors argue that those societal investments will be wasted unless the adolescent or young adult is allowed to live a complete life. The worth of an individual is determined from the standpoint of the individual's worth to society. Placing the needs of society above the needs of the individual is a core tenet of socialism and communism.

The Complete Lives System clearly discriminates against individuals based on young age, and the contorted argument that those who have obtained more life years should have medical care redistributed to those who have lived fewer life years is not offered to rebut a claim of age discrimination against the very young.

The Complete Lives System gives great weight to age as an objective measure to be used in rationing care. The authors generated an age-based graph to prioritize who gets care. The graph favors those in the 15-40 age group and disfavors the elderly and the very young. The probability of receiving a medical intervention falls precipitously past age 55.

The Complete Lives System also attempts to adjust for the investment to which people of a certain age are "morally entitled," so as not to discriminate against victims of the "social injustice" of unequal wealth.

In addition, the Complete Lives System advocates rationing care based on prognosis, or potential for living a complete life—a subjective, sometimes inaccurate judgment.

Withholding treatment from those deemed to have a low potential of leading a complete life and transferring those resources to those deemed to have a higher potential is said to be "justifiable," because it avoids wasting society's limited resources on those from whom society's chance of return on investment may be low.

Socialist systems view wealth as properly owned by society/government, to be redistributed by a government-run system, and they prohibit individuals from spending their own money on their own care. Allowing this would be inappropriate, unequal, and thus unjust. In the Complete Lives System, "age, like income, is a 'non-medical criterion' inappropriate for allocation of medical resources." Apparently the creators of the System have no problem simultaneously holding contradictory positions—age is considered inappropriate for allocation of medical resources, yet they present a graph on which age is the only factor in prioritizing the distribution of resources.

The principle of Saving the Most Lives takes into account life years (living a complete life), and ultimately involves making decisions based primarily on age. Thus society's resources that could be used to treat one 75-year-old would be deemed to be better spent on three 25-year-olds. Although the System assumes that life years are "equally valuable to all," the older person is viewed as having more than his fair share of life years, and therefore, must be expected to forgo needed medical treatment so as to achieve a "fair distribution" of life years for all.

The Lottery principle is self-explanatory and operates to redistribute medical resources/life years where individuals are relatively equal with respect to all other factors in the Complete

Lives System.

The principle of Instrumental Value, which incorporates the concept of usefulness to society, determines, for example, that a funeral director would be more worthy of receiving medical care than a union laborer during an influenza pandemic. The Complete Lives System creators also appear to have carved out special access to treatment for themselves based on the presumption that they have promoted morally relevant principles, and thus are indispensable to society: "However, where a specific person is genuinely indispensable in promoting morally relevant principles, instrumental value allocation can be appropriate." In so-called egalitarian socialist/communist systems, those who consider themselves to be among the elite leadership class often consider themselves to be more equal than others.

Finally, the term *Complete Life* is not specifically defined in the article, but it is clear that the central planners, not individuals, will decide what constitutes a *Complete Life*.

Fear that Complete Lives System Will Not Be Accepted

The challenge that socialists always face is not in convincing those who have received income or life years confiscated from others that it is fair, but in convincing those who have had income or life years taken away that this is fair and just. Unless the victims of theft are willing to accept the theft as just and fair, the legitimacy and survival of the socialist redistributive system is in jeopardy.

In their discussion of allocative justice, the authors clearly fear that some may recall the history of centrally-rationed systems used in the past. The authors adamantly state that "the Complete Lives System does not create 'classes of *Untermenschen* [subhuman/inferior people] whose lives and well being are deemed not worth spending money on.'" However, the authors' deliberate use of the term *Untermenschen*, used by the Nazis to justify racial genocide, certainly conjures up memories of similar phrases like *lebensunwertes Leben* (life unworthy of life) and *nutzlose Esser* (useless eaters), which were concepts used to reallocate society's resources in a deliberately lethal manner in Nazi Germany.

The Call to Embrace "Change"

Four years after the Complete Lives System was published in *The Lancet*, and three years after the so-called Patient Protection and Affordable Care Act or "ObamaCare" was passed, one of the co-authors, Ezekiel J. Emanuel, M.D., Ph.D., wondered why physicians have failed to embrace socialist change.

In an article published in *JAMA*, "Will Physicians Lead on Controlling Health Care Costs?,"[2] Emanuel says that physicians are in denial in their unwillingness to accept blame for the spiraling cost of medical care. In particular, he bemoans physicians' failure to accept loss of autonomy, to embrace drastic cuts in income through a bundled payment system (Accountable Care Organization) under ObamaCare, and to accede to the principle of limiting access to certain treatments in the interest of preserving society's limited resources. Why can't physicians see and accept that such change is for the good of the state?

Conspicuous by its absence is any discussion in the *JAMA* article of the true cause of spiraling medical costs—government intervention and total disruption of free-market principles in medicine. Government intervened in creating programs like Medicare and Medicaid in which neither the "seller" nor the "buyer" of services cares what it costs, because someone else (taxpayers) is largely responsible for payment.

Government also provided a special exemption from antitrust laws for insurance companies with the McCarran Ferguson Act of 1945. Government has allowed insurance companies to essentially operate like monopolies. Monopolies always result in higher prices, not lower. Insurance companies have likewise disrupted the relationship between "seller" and "buyer" such that neither really cares what services cost.

When neither "seller" nor "buyer" care what services cost, because they see someone else as paying the bill, the cost of medical services predictably increases..

A problem that was created by government interference and intervention cannot be fixed by injecting more government interference and intervention.

ObamaCare is predictably making things worse. Although we were told it would reduce insurance premiums, the exact opposite has occurred, and health insurance premiums continue to increase dramatically. Such inconvenient truths are often met with tired and worn socialist apologetics to the effect that some people may have to accept higher insurance premiums, but it probably will only affect wealthier individuals who can afford to pay more, and thus it is consistent with redistributive justice.

Now that physicians have essentially become beaten-down hostages of an oppressive government/third-party payment system, why, some wonder, is it taking so long to break the backs of independent physicians?

Perhaps some are counting on physicians' developing Stockholm Syndrome, in which hostages develop positive feelings toward their oppressors and adopt their views. Is loss of physician autonomy, income (through bundled payment systems), and ability to place patients first really so bad?

What is the problem, some wonder, with elimination of independent physician practice in favor of Accountable Care Organizations (ACOs), where the physician is accountable to the organization first, and to the patient last? What is the problem with elimination of fee for service medicine in favor of bundled payments, under which the ACO determines how much physician "serfs" will be paid? Yes, ACOs represent a form of capitation, which was tried in the 1990s, was universally hated, and failed to control costs, but perhaps people have forgotten about that. If ACO care becomes the only type offered, people will just have to accept it.

Conclusion

The Complete Lives System is likely to be a part of mechanisms for rationing care under ObamaCare. Its authors use the phrase "when implemented," not "if implemented." Its creators and other ObamaCare proponents seem truly perplexed that freedom-minded people have not yet accepted the socialist redistributionist agenda. The fight against socialism and a government takeover of medicine, however, is far from over.

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