Rationing With Open Eyes:  
The Consequences of Donald Berwick’s Agenda

“The decision is not whether or not we will ration care—the decision is whether we will ration with our eyes open.”

— Dr. Donald Berwick, June 2009

Donald Berwick, President Obama’s nominee to head the Centers for Medicare and Medicaid Services (CMS), has a history of support for government rationing of health care resources on cost grounds. He has spoken favorably about Britain’s National Institute for Health and Clinical Excellence (NICE), which denies patients access to life-saving treatments the National Health Service (NHS) deems too expensive. The American people should have their eyes open to the ramifications of NICE-style rationing in the United States as part of Democrats’ brave new health care world:

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<th>What Berwick Said About NICE™</th>
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<td>“[NICE has] developed very good and very disciplined, scientifically grounded, policy-connected models for the evaluation of medical treatments from which we ought to learn.”</td>
<td>“Recently I was left feeling furious and frustrated after a visit from a patient called Peter. He’d just had a serious heart attack and my job as a GP [general practitioner] was to reduce his very high risk of having another. I knew what the latest research told me was the best way, but I had just basically been forbidden to use it by an official email.” -- UK physician Dr. Sarah Jarvis™</td>
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<td>“Those organizations are functioning very well and are well respected by clinicians, and they are making their populations healthier and better off.”</td>
<td>“A lot of my colleagues also face pressure from managers not to tell patients about new drugs. There is nothing in writing, but telling patients opens up a Pandora’s box for a health service trying to contain costs.” – Dr. Warpreet Husan, London colon cancer specialistiv</td>
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<td>“Nor are their policies resulting in injury to patients in any way…”</td>
<td>“I never for a moment thought that a life could be decided by something [so] arbitrary…Yet that is what has happened to my father. And it is only now, sitting on the side of the patient, that I have seen the injustice inherent in our system and the devastation it can cause…If Dad should lose his life to cancer, it would be devastating—but to lose his life to bureaucracy would be far, far worse.” -- Dr. Sarah Anderson, NHS ophthalmologistv</td>
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| “These organizations have created benchmarks of best practices that we could learn from and adapt in this country.” | “It makes me so angry that these [NHS] trusts are playing God, saying ‘you can't have this, you can't have that.’ They’ve got no right to decide who can have this life-saving drug.” -- Ann Marie Rogers, plaintiff in lawsuit to force NHS to fund life-saving cancer treatments

*NICE is extremely effective and a conscientious, valuable, and—importantly—knowledge-building system.” |
| “Doctors are keeping cancer patients in the dark about expensive new drugs that could extend their lives…A quarter of specialists polled by Myeloma UK said they hid facts about treatments for bone marrow cancer that may be difficult to obtain on the NHS. Doctors said they did not want to ‘distress, upset, or confuse’ patients if drugs had not yet been approved by the NHS drugs watchdog NICE.” -- BBC News

“The…budget is limited—we have a limited resource pool.” |
| “It’s hard to know that there is something out there that could help but they’re saying you can’t have it because of cost. What price is life?” -- Joy Hardy, wife of Bruce Hardy, a British cancer patient denied access to life-saving treatment

“It makes terribly good sense to at least know the price of an added benefit, and at some point we might say…that we wish we could afford it, but we can’t.” | “It is a death sentence for me. I feel absolutely gutted because there is no way I can find that sort of money. My life is dependent on getting this drug and without it I will die. I am totally devastated. I've been paying my national insurance all my life and when it comes to the point that I need it to keep me alive, they are not prepared to help.” -- Ian Dobbin, patient denied access to life-saving cancer treatment

“The chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care bill out here….There is going to have to be a very difficult democratic conversation that takes place.”

— President Obama, April, 2009

In light of the President’s apparent desire to have this “difficult democratic conversation,” many Americans may view Dr. Berwick’s desire to “learn from and adapt” the British rationing system as troubling. They may see a Medicare Administrator who explicitly advocates for rationing as indicative of Democrats’ government takeover of health care—and yet another reason to question the majority’s health agenda.

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2 Ibid