



Written by [Robert Confer](#) on July 5, 2013

ObamaCare's Death Panels for Nursing Homes

In August of 2009 former vice-presidential candidate Sarah Palin [took a lot of heat](#) from the Left and mass media for [her Facebook post attacking](#) the rationing aspects of ObamaCare. In that well-known message, Mrs. Palin coined the term “death panels” to identify the bureaucrats who would oversee the dispersal of medical resources.

One really can't blame Mrs. Palin for having used such wording. When talking about a law as gargantuan and far-reaching as ObamaCare, someone has to make things understandable and palatable for the layman by putting it into simple terms. But she lost that precious chance to educate the masses on the ills of the healthcare behemoth by oversimplifying its bureaucratic structure to the point that it looked as if all sick people would present themselves before a panel that would determine whether they were worthy of care.

Although her choice of words, and the imagery itself, were poor, the thinking behind her statements was accurate: that the government would employ decision- and policy-makers who would determine what level of healthcare is appropriate for specific classes of people, from the incurable to the handicapped to the elderly.

To that end, three different entities have been created by ObamaCare. Multiple [Accountable Care Organizations](#) (ACOs) have been set-up that will reward doctors for keeping costs under control. The 15-member [Independent Payment Advisory Board](#) (IPAB) will limit payments to doctors, hospitals, and healthcare providers, forcing their hand in deciding what to offer. [The Patient-Centered Outcomes Research Institute](#) (PCORI) will create templates for what constitutes worthwhile investments in health by private and public providers.

Save the IPAB, which had its launch delayed to 2016, those organizations, those panels, have their efforts well underway to limit care and replicate what Big Government has already proven that it can do so well in another aspect of the medical industry — abortion — in deciding who should live and who should die.

Consider what the Patient-Centered Outcomes Research Institute (PCORI) is doing in nursing homes. One of the first projects it has funded is a [\\$1.9 million study through the University of Rochester](#) (New York) Medical Center that will seek to establish new federal standards for end-of-life care in nursing homes, ultimately mandating palliative care in their halls. The point of program is to transform elder care facilities from places where people go to be taken care of and live, to places where people go to be neglected and die.





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The lead investigator behind the study, Helena Temkin-Greener, Ph.D., M.S., thinks that senior citizens are already turning nursing homes into the latter category. In the URMC's news release she says that "nursing homes are increasingly becoming a place where people die" while citing an absurd statistic that says that by 2020, 40 percent of all deaths in America will occur in nursing homes, [which is twice the current rate](#).

Changing the very landscape of the elder care industry and lifestyle, from one of life to one of death, seems almost unbelievable. But the study — which will define the future of nursing care — is taking place, at a whopping [32 nursing homes across New York](#).

This study ties in perfectly with the [goals and vision of not only the PCORI](#), but also the aforementioned Independent Payment Advisory Board, [which has been charged with finding cost savings in Medicare](#). What better way to cut costs than to limit the resources available to — and therefore the lifespan of — the recipient class?

Granted, Medicare should see cost cuts — like to "zero" since it's an unconstitutional, immoral federal program — but not through forced death and/or the corrupt means of indoctrination that might ultimately make that purposeful federal neglect of older seniors acceptable, just as societal manipulation and re-education did for the very existence and alleged need for Medicare. Prior to the launch of that federal leviathan in 1965, oldsters took care of themselves or their families did it for them; no one was left to suffer and die. But, in the few decades that have followed, society has grown to believe that Medicare is a "need" (so much so that the average American doesn't classify it as an entitlement) and that reliance has created an emasculated populace totally unaware of how to survive without it. They can't — and they won't — just as future nursing homes will show. Medicare allocations depleted, the aged (and their children) will welcome death sooner than they traditionally would have.

That's the way the socialists operate. They want to dictate and control every aspect of our lives, from cradle to grave, while ensuring that no one can live without the help of the nanny state. Forcing the nation's older people to die once they can't contribute to society and the "communal good" is no different from what communists did in the 20th century when [they put to death 80 to 100 million people](#) in mass killings around the world.

It's eerily coincidental that the Baby Boomers — who will be the first to see their lives shortened by ObamaCare's breed of killing — number nearly 80 million themselves.

The death panels have to be licking their chops.



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