Moneytheism and the Crime of Being Old

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The end of the 20th century coincided with the advent of ‘moneytheism’. From a social point of view, it is obvious that the coming age of this new monotheistic religion coincided with a substantial reduction of poverty, being replaced by misery and starvation. Additionally, during the last 15 years, priests of this novel fundamentalism have been predicating to continuously growing flocks of physicians the meaning as well as the potential benefits of applying a new theological principle to medicine. The traditional approach based on charity and compassion should be replaced by cost-benefit analysis. Patients became ‘consumers’, and physicians fit in the new system as ‘health care providers’. The problem of public health and welfare turned to be the profitable business of a huge corporate health care industry which, in turn, supplanted the strategic approach to solve health issues with more or less aggressive marketing techniques.

The Ice Age is the earliest known period of man’s development in which the art of healing was practiced. Since then, the traditional approach to the sick people/healer relationship has been defined on the grounds that there are patients and not diseases. Hippocrates was the one who sharply settled the rational basis of this concept when, using his intellectual penetration, he developed the knowledge that each man facing disease reacts differently from someone else. However, this methodical and humane approach, followed by healers since the origins of medicine, is also being challenged by the ‘modern’ concept of disease management, the latest Wall Street investment rising star. Roots of this recently completed development can be found, at least in part, in the marked decrease of profitability, showed by HMOs during 1998. Disease management firms owned by pharmaceutical companies, managed care plans, single-specialty medical groups, and, at times, by official agencies, substitute the family doctor’s traditional role in managing chronic illnesses, putting forward their best efforts in minimizing diversity in practice patterns and, consequently, saving money. This population-based approach delivers recommendations and guidelines supported by meta-analysis, also a new method designed to create medical information through a process of intensive armchair research. Thus, statistical inferences, not few times analyzed by inefficient statistical coefficients, are transformed in scientific evidence. All this new terminology, in addition to DOQI’s, QUALY’s, and other ornaments, is furnishing moneytheistic inspired medicine with a hallucinating glossary, reminding of that created by A. Burgess: A Clockwork Orange.

Of course, the initial expiatory victims, offered to the recently acquired all-powerful deity, should have to be selected from the most vulnerable exposed part of the population. Consequently, as stated by Berlyne [1], an
increasingly growing multitude of nephrologists, and even ethicists, embraced the concept that advanced age (the range of proposed definitions of advanced age oscillates between 65 and 80 years) can be used as a legitimate molding rule to deny renal replacement therapy to old patients [2, 3], even in the presence of adequate dialysis resources [4]. Of course, this argument is vindicated on the compassionate grounds of poor quality of life or the right to die with dignity. That may be absolutely true, but only if requested by the patient himself or his legally nominated trustee. At times, old renal patients are conditioned to turn down dialysis for the sake of younger people and/or for generations to come. It should be noted, however [5], that a young subject starting renal replacement therapy, and surviving for 30 years will be much more expensive than an aged handicapped patient dialyzed and enjoying his family life for 3 or 4 additional years.

This trend, designed to ostracize old people and restrain the use of modern technologies for their well-being, reflects the basic thesis of economic competition: respect for others has no place in the free market [6]. No doubt, this line of thinking is becoming the best fit for a health care industry governed by profit and basically moving according to the prevailing market forces [7]. Hence, it is cheaper to do less than to do the same or more [8].

Going back in time to the 'death committees' of the 60s [9], the concept of a selection, based on estimation of a patient's social worthiness or productivity, has been brought again to life [7], as a refreshing reminiscence of George Orwell's Animal Farm: 'All animals are equal ... some animals are more equal'. Additionally, moneytheism redefines the normative standards of medicine. Human worthiness should be evaluated in terms of economic productivity which, in turn, becomes the prevailing value of human life [10]. This commandment legitimates the conditioning of old, handicapped people, driving them to a voluntary sacrifice required to cope with money losses that, in turn, will threaten the general interest. It is amazing to realize that besides the huge intellectual efforts invested by economists and think tank teams on reduction of costs by rationing, no creative thinking has been applied to identify a more humanistic and rational solution to cope with the shortage of funds. For instance, around 5% of the USA national health expenditure (around 36 billion dollars a year) goes down the drain, subsidizing the huge expenses derived from defensive medicine [11], another moneytheistic darling fueled by moneytheistic lawyers as well as moneytheistic patients. There is no doubt in my mind that a competent nondemagogic legislation could supply with these lost funds not few of the insufficiencies of the public health system, including, of course, adequate renal replacement therapy for the aged. Indeed, old patients can enjoy life and survive for periods of more than 5 years [12, 13].

Nevertheless, this specific perception of old people, identified as apples of another tree, derived in the upsurge of ageism, a climbing moneytheistic sect, the influence of which is being felt not only in the rationing of renal replacement therapy. It goes to multiple age barriers to medical care: from mammography over 69 [14] to admission to the intensive care unit [15]. This alone, however, is not yet so bad. It can be much worse. The London-based Daily Telegraph, in its December 6, 1999, issue reported that the police are investigating 60 cases involving pensioners who died after allegedly being deprived of food and water by hospital staff. Apparently, the victims died slowly from dehydration and starvation. This appalling piece of information is reported now, at the end of the 20th century, a period of civilization characterized by overwhelming scientific creativity and intellectual achievement.

Is perhaps this discrimination against the old, the handicapped, the hopeless patients something absolutely new in human history, besides that brought about in ancient civilizations and during the Middle Ages? ... '70,273 futile patients were murdered in German killing hospitals up to September 1941. Removal of these patients from the wards saved 4,781,339.72 kg of bread, 19,754,325.27 kg of potatoes, and 2,124,568 eggs, saving estimated medical expenses of 24,595.50 reichsmarks per day [16]. For these so-called useless people, the money required for their welfare could be better used to build housing units and loans to be given to newly wed young couples [17]...'.

To all appearances, the circular movement of history is characterized by the fact that unwanted developments and social changes systematically reoccur, illustrated, however, under new prodigious catchwords. Unfortunately, I cannot claim for copyrights on the word moneytheism. Some time in the past, somewhere in the world, it existed but was called differently.

I am entering into a new millenium with the bad feeling of going back in time to a humanistic stagnation, not far from the paralysis that typified the Dark Ages. Here I am as a dog at midnight, barking to the moon, too far, too cold, too deaf. Anyway, in the new millenium, I will still be here barking and worrying about the rise of some new magic marketing moneytheistic-planning formula, a kind of future rationing administrative unified doctrine, known in this age of acronyms as FRAUD.
References