

19th February 2019

Opinion: Age discrimination in health care? No, thank you!

(Geert Messiaen is the secretary general of the National Union of Liberal mutual societies and also author of various publications on the Belgian health system. He writes this opinion in his own name.)



A media storm recently erupted in the Netherlands around a proposal by a political party to screen people over 70 before they can undergo surgery. A geriatrician should therefore check what are the possible consequences of an operation and then discuss with the patient about whether he wants to go into the medical mill. Still too many elderly people would be over-treated, which would cost the health insurance a lot of money. However, the proposal has some pretty black edges ...

In Belgium, we can also read quotes like :

(extracts from my book "Op uw gezondheid" – 2015 – Garant, Antwerpen-Apeldoorn)

"It is simply no longer worth to spend money for the health of terminally ill patients, comatose patients and those over 85. This is the harsh verdict of the majority of public opinion in Flanders

in 2013-2014..."

Or: "In addition, people over 85 are prohibited and indecent. »

4 out of 10 Flemish people no longer want this segment of the population to benefit from medical interventions of more than €50,000, unless they put their own hand on their wallet. It amounts to condemning these people to death.

The results come from a large-scale study led by VUB sociologist Professor Emeritus Mark Elchardus, who polled the opinion of nearly 3,000 Flemish people aged 18 to 75 in the fall of 2013 on health care.

Professor Elchardus reacted with horror quite rightly : "People do not realize what they say. I am horrified by the stigmatization of some vulnerable groups in our society. All social organizations have something to do with it. They have insufficiently informed the population about the need for adaptations to ensure the sustainability of health care."

As secretary general of an important social organization, I feel personally challenged: it is our duty to prevent the easy and rash judgments of the majority of the respondents. That says a lot about the mentality of many Flemish people living in luxury and prosperity, but who are clearly anti-social. Obviously, respect for seniors and poor people is only withering in our society. Young is in, old is put in the garbage.

We can ask ourselves what their answers would be if the question of reimbursement of care concerned their own parents, their partner, their siblings who would have reached old age ...

I clearly agree with Professor Lieven Annemans: health is essential to people, our economy and our society. Every euro well invested in the health care sector will pay for itself. But according to the report, only cost-effective health care should be invested in.

It simply means that no one should be excluded, but that we must avoid all waste from the solidary system. We must start by tackling superfluous examinations and treatments, especially when they prove to be too expensive in relation to the health benefits they generate.

The issue deserves a clear and unambiguous debate. Health care choices must be explicit, otherwise they would be unfair.

There are of course some other aspects related to the principle of solidarity. The psychiatrist Dirk De Wachter sounded the alarm a few years ago in his book "Borderline Times" about the decline in the sense of solidarity in our increasingly individualistic society. The reverse effect of the aspiration for as much individual freedom as possible is the perception that we do not need each other and that we can be the director of our lives. It seems to be alright until we become care dependent and need the help of the others.

Mark Elchardus's study also clearly shows that the willingness to show solidarity decreases as the patient is responsible for his health problem. This applies in particular to heavy smokers and drinkers and people who continue to eat junk food, despite all the health warnings on the subject.

Is the feeling of "it serves him right" inherent to the moral perceptions of man? It is possible, but making it an exclusion criterion would open a dangerous Pandora's box.

There is nothing or nobody against informing the patient thoroughly about the treatment and its consequences. The patient's opinion should be taken into account. Naturally, over-treatment and therapeutic obstinacy are not a good thing for the health insurance, let alone for the patient.

What is wrong with this proposal then? Then, first of all, the 70-year limit is totally arbitrary. Why would a 69-year-old person automatically have the right to a new hip, and why should that right suddenly be questioned from the age of 70? It is a frontal attack on solidarity that remains the foundation of our health care insurance. It is as if a person of that age is no longer considered a full citizen. The differences within the group, that we conveniently call the "seniors", are such that it is impossible, and even undesirable, to apply an age limit.

Whether an intervention is useful or not must be analysed on a case-by-case basis. First and foremost, of course, comes the wish of the - well-informed - patient himself: does he still want a bridge, a new hip or a heavy chemotherapy? It is up to the doctor to provide the necessary information about the usefulness of the intervention, but also about the consequences for the quality of life. This information must be understandable to the patient and his caregivers.

In order to give correct advice, the involved doctors must consult each other. This should be a standard procedure for all patients of all ages with complex conditions.

For some elderly people, the supervision of a geriatrician could indeed bring an added value, because the latter does not only focus on the disease, but also on the quality of life and autonomy of the patient. However, our country has been facing a critical shortage of geriatricians for years. The introduction of such a regulation in Belgium will impose long waiting times on patients, which would not benefit their health.

One of the main objectives of the proposed legislation is to save on unnecessary treatments. The risk of applying it only to people over 70 is to put them under subtle pressure to renounce an intervention. This reopens the door to a two-tiered medicine that I have always strongly rejected. Ending the treatment of people who cannot afford it and continuing the treatment for those who can cough up the costs or who have good private insurance? My answer is clear: no, thank you!

No to age discrimination!

No to discrimination based on means!

