

## Appendix M - Quality of Adjusted Life Years

It is common for people with my dual Finance-IT background to create Cost Benefit Analysis (CBA) packages as part of a proposal for project funding. This works quite well when you have objective data, but not so well when a project is rather subjective in nature. The following CBA procedure has been adopted in some branches of the health care industry, and it should be cause for alarm.

The Quality of Life (QoL) and Quality of Adjusted Life Years (QALY) are highly subjective measures in many if not most cases. When rationing of health care services begins - and I assure you it will once the government takeover of this industry is in full swing - these measures will be abused in order to cut costs. This is part of the power grab, the potential for bureaucrats to decide who lives and who dies when the political and economic trends turn increasingly downward.

Some of the subjective assessment criteria that may be used will include *cognitive function*, *psychological well-being*, *social interaction*, *economic productivity*, *political persuasion* and *religious affiliation*. Read this list again, slowly. Using a point system and an algorithm that performs weighed averages, an elderly person who has a physical malady may be denied medical treatment if the weighting of the subjective scoring (qualitative measures) is lower than the cost-utility scoring (quantitative: dollars). A lot of historical research was done along these lines in Nazi Germany and communist Russia.

“Once we accept that it is possible to evaluate people’s life experiences then it seems we must be prepared to accept that some individuals may have a life of zero value” (Wyatt).

How would you like to spend 30-40 years of your life working in America and then be scored by a bureaucratic algorithm that says your life is no longer worth living? This type of practice happened in Germany when economic resources were commandeered for the war effort. In 1920, Darwinian socialists Alfred Hoche and Rudolf Binding argued that the right to live must be earned and justified, not assumed. “Ballast lives and empty human husks” had no remaining value to society and were “released” for mercy killing.

“More than 200,000 German citizens met their death at the hands of their physicians. The mass murder techniques developed in the euthanasia hospitals were later utilized against Jews” (Gallagher).

The Aktion T-4 Euthanasia operations were covered in great detail during the Nuremberg War Crimes trials in 1946-1947. The Third Reich decided that ...

“Medical attention and money should go, on a cost-benefit analysis, to those who can be brought back to full productive health, while the chronically disabled would be removed from society ... Euphemisms were used to describe the program: ‘negative population policies’ were mass killings; ‘refractory therapy cases’ were disabled people targeted for killing; ‘specialist children’s wards’ were children killing centers; and ‘final medical assistance’ was, of course, murder. There was never a doubt as to what was being discussed” (ibid).

When Hitler took over Bismarck’s socialized health care system, a devious and irresponsible layering of bureaucracy was established between a patient and his/her doctor. Once a CBA questionnaire was completed on a patient, it went to an assessment board. Once this committee

made their decision based on the CBA, a transportation group seized the patient and led them to the kill center. Nurses prepared the patient for “release from life” and then left the room. The attending physician, who had never met the “patient,” followed the scoring of the CBA, the review of the assessment group, the orders given to the transportation officer, and the preparation of the nurses. Once he injected the patient with lethal drugs, the body was placed on a conveyor belt which led to a portable oven. Everybody was responsible, and nobody was responsible.

“The elderly and the ill, too, were considered by some to be burdens. It must be made clear to anyone suffering from an incurable disease that the useless dissipation of costly medications drawn from the public store cannot be justified and it made no sense for persons on ‘the threshold of old age’ to receive services such as orthopedic therapy or dental bridgework; such services were to be reserved for healthier elements of the population” (Proctor).

The important thing to remember is that *these decisions were made for economic reasons by Darwinian socialists* – atheists with no respect for human life and a desire to save their jobs or make some bonus money on the side for hazardous duty. Their belief system, or lack thereof, did not embrace the basic concepts of human dignity. Hoche and Binding believed that “a new age would arrive – operating with a higher morality and with great sacrifice – which would actually give up the requirements of an exaggerated humanism and over-valuation of mere existence.”

“The ‘phase’ [or ‘age’] to which they referred was *the Christian era*. Proponents of this “new age” frequently included attacks on this Western ethic because of its care and compassion for the weak and the sick. The idea that human life had inherent dignity was replaced with the view that human lives were not worth living and should be eliminated” (O’Mathuna).

Is there an anti-Christian, totalitarian regime unfolding in the U.S. today? If this happens, we cannot claim we were not warned. Voices from those who were in Europe during WWII abound if you care to listen to their testimony. They are sounding the alarm as they see our country pursuing a parallel course.

“Totalitarianism didn’t come quickly; it took 5 years from 1938 until 1943, to realize full dictatorship in Austria. Had it happened overnight, my countrymen would have fought to the last breath. Instead, we had creeping gradualism. Now, our only weapons [after gun registration and eventual confiscation] were broom handles. The whole idea sounds almost unbelievable that the State, little by little, eroded our freedom” (Werthmann).

Why am I including topics like this in the appendix of a book on the sorry state of Christianity? I am trying to sound their alarm and alert you to *malevolent historical trends*.

---

*Quality of Life*, John Wyatt, 2005, Christian Medical Fellowship.

*Holocaust: The Genocide of Disabled Peoples*, Hugh G. Gallagher, *Century of Genocide: Critical Essays and Eyewitness Accounts*, chapter 6, 2009, Routledge.

*Nurse’s Participation in the Nazi Euthanasia Programs*, Susan Benedict, R. Proctor: *The Destruction of “Lives Not Worth Living,”* 2006, [www.baycrest.org](http://www.baycrest.org)

*Human Dignity in the Nazi Era: Implications for Contemporary Bioethics*, Donal P. O'Mathuna, 2006,  
BMC Med Ethics.

*1938 Austria*, Kitty Werthmann.