There are similar reports from other such places. Meanwhile, nobody I’ve read or heard on the Callahan proposal has mentioned the Fourteenth Amendment—have heralded *Setting Limits* as the way to go.

Will you be ready?

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**Reading 19**

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**Letting Individuals Decide**

Terrie Wetle and Richard W. Besdine

*Setting Limits* is disturbing in several ways. First, there is the premise that we are justified in setting public policy that determines a “natural life span” for an entire cohort of the population. Referring to the Nazi concept of the *Untermensch*, Callahan notes the evils that result from the political determination that a life is dispensable, but he sets aside the concern far too easily that the elderly—or any other age group, for that matter—would interpret his “natural life span” policy as devaluation of life in old age.

A second concern is whether the program could be applied consistently and fairly. Noting that a policy to limit public payment for life-sustaining care on the basis of age would lead to a two-tiered system in which wealthy older people could still buy such care, Callahan still does not believe that “a society would be made morally intolerable by that kind of imbalance.” It was just such an imbalance between those who could pay for care and those who could not that led to the enactment of Medicare and Medicaid 25 years ago.

Many distinctions on which the proposed program would depend are not made clearly or reliably. For example, the distinction between interventions that prolong life and those that relieve suffering is perhaps easy to make conceptually and in situations, but not at the

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bedside or in that vast middle ground where the majority of cases are found. An 80-year-old man with excruciating abdominal pain and fecal vomiting due to adhesions obstructing his small bowel will have his suffering relieved quickly and best by surgery to release the obstruction. In the process, his life may also be saved. We wonder whether Callahan would urge morphine rather than surgery for such a patient.

Callahan uses the treatment of diabetes to define the rules of his game further. Considering insulin a life-prolonging rather than a symptom-relieving treatment, he states that a diabetic using insulin before the end of his policy-defined natural life span would be “grandfathered” into a continuation of that medication, whereas the person who acquires diabetes after the cutoff age would not be provided such treatment. Similarly, dialysis would be continued indefinitely if it was initiated before the cutoff date, but it would not be provided for late-onset renal disease. Thus, the patient whose diabetes or renal failure develops before the cutoff age and who begins treatment promptly is given preference over the person healthy at that age but in whom illness develops later. This is a peculiar logic.

Much of the book, it seems, is based on the premise that such a policy would save the taxpayer money and allow a reallocation of resources. It is not clear, nor is evidence provided, that the policy actually would accomplish these goals. In fact, it is possible that certain “life-prolonging” interventions also improve function, resulting in the decreased use of other expensive forms of care.

Certainly, the book is worth reading, but with a critical eye. Care must be taken to avoid facile applications of its arguments in support of negative views of older people. Although Callahan has warned against the tyranny of individualism throughout his career, perhaps aging and health care are one arena in which an acute focus on the individual is most appropriate. The decision to provide or withhold life-prolonging interventions may still be best left to the individual patient, family, and care provider.