

**DAILY EXPRESS**

**NHS BAN MEDICINE**

**IF YOU ARE 'TOO OLD'**

**IN NEW ATTACK ON BRITAIN'S ELDERLY**

by

**Jo Willey**

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<http://www.express.co.uk/news/health/460371/NHS-ban-medicine-if-you-are-too-old-in-new-attack-on-Britain-s-elderly>

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FURY erupted last night after it emerged the elderly could be denied vital drugs under new funding rules.



*Britain's older generation is already under attack from health and social care changes [GETTY]*

Older patients would effectively be written off on the grounds that they no longer make a big enough financial contribution to society.

The Department of Health is demanding the changes in an attempt to cut the crippling NHS medicines bill.

But Katherine Murphy, chief executive of the Patients' Association, called the plans "disturbing and discriminatory", adding: "Human life cannot be assessed in terms of cost and benefit."

The Daily Express, which is crusading for Respect For The Elderly, revealed earlier this month how Britain's older generation is already under attack from health and social care changes.

We told how hundreds of vulnerable pensioners are being forced to sell their homes to pay for care no longer provided by the state.

And in January we reported how elderly cancer patients are being branded “too old to treat” and denied drugs.

In the latest onslaught on the elderly, drug rationing body the National Institute for Health and Care Excellence (NICE) has admitted that ministers want workers who are still contributing to the economy to come first.

NICE has been ordered to take into account the “wider societal benefit” when considering which drugs to fund.

The drugs watchdog already admits that such criteria would “inevitably take age into account to some degree”.

Campaigners believe the plans would in fact prioritise drugs for younger patients at the expense of older and more vulnerable ones.

*Human life cannot be assessed in terms of  
cost and benefit - Katherine Murphy*

Paul Green, for over-50s specialists Saga, said: “When you look at things from a pounds, shillings and pence perspective, you get some very curious results. Society should be driven by things that are morally right not just that are financially correct.

“I think everyone accepts that there are limited budgets but to say that the distribution of drugs should solely be based on what your future economic contribution is going to be has lots of very uncomfortable undertones to it.”

He added: “The implications are that treatment is going to be denied to people based on their age.

“Quite naturally, somebody in their 60s, say, will potentially make a shorter economic contribution than somebody in their 20s.

“But healthcare should be based on need not on age. It is about the quality of life you are still able to lead. It is not just an economic contribution. It is a social contribution as well.”

Sir Andrew Dillon, head of NICE, said: “This wider societal impact is such a sensitive issue. You can do it in a hard-nosed economic way, which is the Department’s calculation, but our sense is the wider public see wider societal impact as being more subtle than that.

“We’re concerned we don’t send out the message that we value life less when you’re 70 than we do when you’re 20.”

He added: “What we don’t want to say is those 10 years you have between 70 and 80, although clearly you are not going to be working, are not going to be valuable to somebody.

“Clearly they are. You might be doing all sorts of very useful things for your family or local society.

“That’s what we are worried about and that’s the problem with the Department of Health’s calculation.”



NICE has been ordered to take into account the 'wider societal benefit' when considering which drugs [GETTY]

A Department of Health spokesman said: "We want to make sure we get the best possible results for all NHS patients with the resources we have, which means using taxpayers' money responsibly and getting good value for money.

"That's why we have asked NICE to look at the way drugs are assessed so that patients can get the treatments they need at the best value for the NHS and the price the NHS pays is more closely linked to the value a medicine brings.

"We understand that it's an important and complex issue. NICE will be consulting widely on the proposals."

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## **COMMENTARY**

**By Paul Green**

ELDERLY people have worked hard and contributed to the UK throughout their lives yet at the point of need they may find society turning its back on them.

For individuals and their families this is a frightening prospect.

They are already facing having to sell their homes to pay for care

Is the next step that they will be expected to sell their homes for medications simply because they're deemed 'too old' as they're no longer contributing financially to society?

Older people contribute to society in a number of ways which aren't recognised as an 'economic wage'.

They're often active members of the community, providing childcare which allows parents to go back to work. How will this be factored into a quasi-economic calculation?

Many of us have become who we are today as a direct result of the influence of our own grandparents' lives and experiences, their contribution goes beyond mere economics.

With people working longer – both paid and unpaid – surely NICE cannot simply put an age restriction on medications? This could make clinicians responsible for seeing if granny is past her economic 'best before' date.

Making the health budget go further is essential – but not at the expense of common decency and fairness.

An arbitrary cut off for medication because of age or economic worth has some unpalatable 1930s connotations and should be a worry for young and old alike.

British people who work hard and pay taxes expect their years of contributions to be recognised and to earn them a credit for how society treats them in their dotage.

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