

flawed, panic continued. Despite devastating economic consequences, most Americans have so far accepted extreme government intrusions into daily life, without even demanding evidence of effectiveness. Are we in a post-Christian, post-science society, manifested by unquestioning submission to political authorities, even by religious leaders, physicians, and scientists? Will love of liberty reassert itself with demands to respect our rights and restrain arbitrary, capricious, destructive acts by government?

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# Restore American Medicine by Re-Connecting Patient with Physician

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American medicine is failing both patients and their physicians. Fundamental change is needed, but the federal government tweaks financing and adds mandates, and never deals with the root cause: breakdown of the patient-physician relationship.

## Signs of Failure

In 2018, the average American family spent \$28,166 on "healthcare."<sup>1</sup> More than 80 percent went to insurance companies, not to physicians and other practitioners.<sup>2</sup> For the vast majority of Americans who are healthy, this expense devoured one-third of total family compensation.

American patients often have great difficulty accessing timely care. Death-by-queueing—preventable demise while waiting in line for care—has been documented in both Medicaid and military populations.<sup>3,4</sup>

The system harasses physicians with onerous, time-consuming administrative tasks, increasing regulatory burdens, and an immediate guilty verdict when there is an adverse outcome, even when the doctor has done nothing wrong.

The two primary rewards, financial and psychic, for being a clinical physician are vanishing. A doctor's income is now decided by a third party, not by the physician, while the federal government constantly lowers payments in reimbursement schedules.

Doctors and nurses will tell you the real reason to go through all that schooling, training, time, and expense is the psychic reward of being a healer. The combination of government control and third-party payments has nearly

extinguished that good feeling.

Many clinicians are no longer willing to work under these oppressive conditions. The increasing doctor shortage is more than just "troubling"; it is becoming critical.<sup>5-7</sup> Dr. Kevin Pho explains, "Sadly, there are many physicians who love their patients, and love being their doctor, but are fed up with extraneous roadblocks that make it difficult to do the job. A new electronic health record. An uptick in insurance denials. Increasingly onerous board certification maintenance requirements. Fewer support staff. Decreased reimbursements. More metrics measured without any demonstrated benefit."<sup>8</sup>

The system is also failing in terms of quality and access.

## The Source of Failure

The root cause of failure is the extension of third-party control into the practice of medicine as well as its financing.<sup>9</sup> The interposition of a third party, whether government bureaucrat or insurance executive, disconnects patients and doctors.<sup>10</sup> Patients have lost their right to choose their care or decide their spending. Doctors cannot choose their patients' care or what they will be paid.

Though physicians are legally responsible, they do not have the requisite authority, and quality of care degrades.<sup>11</sup> Pharmacy benefit managers (PBMs) tell doctors what drugs to prescribe and which ones they cannot use.<sup>12</sup> Government clinical algorithms must be followed even when they go against the doctor's superior judgment. When bureaucrats displace physicians and practice medicine, patients die

needlessly.<sup>13</sup>

Most Americans do not understand how different the “healthcare market” is from other day-to-day commercial activities. Whether purchasing another service or a product, the consumer decides whether to buy, what to buy, from whom, and how much to pay. Service providers as well as manufacturers compete for consumers’ business based on price and quality, determined by the consumer, who both pays and evaluates. Competition keeps prices down and availability high. Spending is minimized because the consumer pays out of pocket.

In “healthcare,” buyer and seller (patient and doctor) are disconnected by a third-party payer who has become the decision-maker.<sup>10</sup> Consumers do not pay the doctor for services provided. Thus, consumers have no incentive to save money. Meanwhile, because sellers do not compete for consumer dollars, there is no downward pressure on prices.

With no incentive to economize and no competition, sellers’ prices, erroneously called costs, keep increasing without limit while access to care becomes more remote.

Disconnection of patient from doctor, i.e., destruction of the patient-physician relationship, is the root cause of overspending and inadequate access.

### Curing the “Healthcare System” Patient

Since disconnection of patient from doctor is the root cause of the system failure, re-connection is the cure. We must *reestablish the direct patient-physician relationship*. By cutting out third-party decision-makers, Americans regain their autonomy and can access timely, affordable, high-quality medical care.

With *re-connection*, decision-making, both medical and financial, returns to individual Americans, who are free to choose their care. This means that insurance needs to return to its original function—protection against financial disaster, rather than serving as third-party payer and decision-maker. Insurers should be free to offer policies they think consumers will buy, and consumers should be free to choose, spending their own money. The federal government needs to be removed from medicine and stay within the limits of authority established by the Tenth Amendment to the U.S. Constitution, which reads: “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.” The power—authority—over medical care is one such power.

Taxpayers and states should recoup the money now sent to Washington, D.C. Instead of restricting tax exemptions and deductions to employer-owned “health plans,” all should have the advantage of unrestricted health savings accounts (HSAs). States should be free to devise whatever safety net will optimally serve their residents. By removing Washington, D.C., from medicine, billions of dollars now wasted on federal bureaucracy would be saved.

StatesCare and market-based medicine has been called radical, and it is. American medicine needs a radical cure before it “dies.”<sup>14</sup>

A good doctor chooses the pace of treatment based on how sick the patient is. When a patient has a six-month history

of mild abdominal pain, the physician has time to go through a careful sequence of history, physical exam, tests, review of records and literature, as well as further tests, eventually leading to root-cause diagnosis and proper treatment.

When a patient is brought into the emergency room unconscious and bleeding after an automobile accident, a good medical team goes into its fire drill as quickly as possible. All at the same time: breathe for the patient, start intravenous fluids and blood, support blood pressure, stop the bleeding, take X-rays, identify other injuries, and rush into the operating room. If you don’t use this “radical” treatment, you will lose the patient.

American medicine is failing, spending money we can’t afford, and wasting time patients and doctors don’t have. Either we adopt a radical approach to cure this “Patient Healthcare,” or more Americans will die needlessly, and the country will die financially.

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