

Book Reviews

The 60% Solution: Rethinking Healthcare, by Todd Furniss, hardcover, 231 pp, \$24.99, ISBN-13: 978-1-954437-03-6, Clovercroft Publishing, 2021.

Todd Furniss felt compelled to write this book after his mother's nightmarish experience with our medical system. She survived a plane crash and endured a tortured life of frequent hospitalizations, rehabilitation stints, and never-ending medications. Her situation was needlessly complicated as the result of miscommunications between doctors, which included startling instances of unfamiliarity with her medical history, cost-shifting intrigues, and grossly inflated bills. Furniss proposes that we "reimagine healthcare" and believes that, if followed, his "60% Solution, a 5-step plan" will lead to many problems "correcting themselves."

His introduction seemed promising. Furniss advocates "privity of contract which will lead to improved quality and decreased cost through increased consumerism." He correctly identifies third-party payers as the primary obstruction to price transparency, laments absence of privacy in our individual health records, and describes physicians as overburdened and thereby losing a sense of compassion. His "60% Solution" offers to address these concerns, but in the end only tweaks the edges of our current system.

The plan's five pillars are: emphasizing primary care, clear pricing, standardized accounting and information technology (IT), modified health savings accounts (HSAs), and changed governance.

Furniss identifies an intimate patient-physician relationship as the foundation for preventive rather than reactive care, resulting in reduced costs and a healthier population. Citing a shortage of primary care physicians (PCPs) and their financial struggles, Furniss recommends capitated payment to establish a reliable revenue stream. This Health Maintenance Organization (HMO) model actually removes price transparency and achieves cost savings by rationing care.

The author reminds us that employer-paid care came about in the 1940s with wage and price controls. Price discovery vanished as medical insurance became prepayment instead of a catastrophic safety net. Costs soared because the consumer does not pay directly. Furniss briefly mentions direct patient payment but does not acknowledge the current existence of very successful Direct Primary Care or concierge models. A surprising incongruity is that Furniss

believes Medicare and Medicaid should remain stakeholders.

Technology, in his view, is the gateway to improved care. He proposes a single cloud-based app-driven databank with operating artificial intelligence (AI). He envisions a system with universal physician access, with AI providing therapeutic and diagnostic recommendations. Over-the-counter lab tests and telehealth visits complete the plan. I would observe that a single centralized databank is vulnerable to data breaches and puts patient privacy and even autonomy at risk. Might this lead to universal chipping and personal health scores?

Furniss proposes government subsidized contributions tied to the federal poverty level to assist low-income persons buy HSAs, but does not suggest how to motivate Medicaid recipients to make the change.

Furniss would reduce barriers to entering the medical profession by reducing undergraduate years and eliminating certification exams and licensing requirements.

Proposals tacked on at the end include giving nurses the same scope of practice as physicians, and using AI to take us beyond face-to-face encounters.

Furniss's "reimagination" overlooks the three essential pillars of cash, catastrophic insurance, and charity.

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The New Abnormal: The Rise of the Biomedical Security State, by Aaron Kheriaty, M.D., hardcover, 256 pp, \$22.49, ISBN-13: 978-1684513857, Regnery, 2022.

Author Dr. Aaron Kheriaty writes: "This book is about where we are now and where the biomedical security state will lead us if we do not quickly change course." Dr. Kheriaty is a psychiatrist, who formerly taught psychiatry at the UCI School of Medicine, where he was director of the medical ethics program.

Few can deny that medicine, especially public health and infectious disease management, was politicized and weaponized during the COVID epidemic to coerce people into accepting the loss of constitutionally guaranteed liberties and their right to informed consent and bodily autonomy. This was accomplished by government's declaring a state of emergency.

The first portion of the book documents the extent of government's massive overreach. Although we all lived through them,

it is jarring to read how severe the police state and mandates were in retrospect. Recall that "Homeland Security characterized claims as 'false or misleading' not when they contradicted empirical evidence or scientific findings, but when they undermined public trust in U.S. government institutions." The Department of Homeland Security put out a bulletin stating that those who spread this "misinformation" were "domestic terrorists."

Overnight, Americans were stripped of their freedom of speech, worship, peaceable assembly; the right to keep their business open; their jobs if they refused mandates; and their ability to refuse medical interventions to which they did not give informed consent. The government restricted family gatherings, travel, children's education, and social connection, and subjected people to dehumanizing actions such as masking and social distancing. Who can forget the "Disinformation Governance Board," with its DGB moniker eerily like KGB, mockingly compared with Orwell's "Ministry of Truth."

Dr. Kheriaty writes: "Without realizing it we lived through the design and implementation of not just a novel pandemic strategy but a new political paradigm—a system far more effective at controlling the population than anything previously attempted by Western nations. Under the biosecurity model the total cessation of every form of political activity and social relationship (under lockdowns and social distancing) became the ultimate act of civic participation." In the U.S., the threshold for what constitutes an emergency, and an acceptable time limit, are poorly defined. "The unholy alliance of (1) public health, (2) digital technologies of surveillance and control, and (3) the police powers of the state—what I call the Biomedical Security State—has arrived."

In the guise of keeping us "safe" from COVID, the authorities imposed measures that impacted every aspect of our human condition. The culprits include mainstream media, politicians, leftist elite academics (including medical schools), government bureaucracies, the medical-industrial complex, and big pharma.

Chapter four, "Reclaiming Freedom: Human Flourishing in a More Rooted Future," shifts to philosophical discussions.

This book needs to be read and widely shared.

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