



Review Article

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# Healthcare BARRCOME Kills Patients

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## Abstract

BARRCOME (bureaucracy, administration, rules, regulations, compliance, oversight, mandates, enforcement) is defined, and examples are provided. In healthcare, BARRCOME is the mode by which government directly and indirectly makes both medical and financial decisions instead of patients. BARRCOME kills people by stealing time, money, and freedom. Its expansion ultimately leads to patients' death-by-queue. BARRCOME can even destroy a country by overspending into national insolvency.

BARRCOME recognizes no restraints-moral or legal-when it defends itself against charges of ineptitude, malfeasance, and (mal) practice without a license. The cure for healthcare and its BARRCOME malignancy is simple as it is politically radioactive. Healthcare will work to benefit patients, i.e., medical care will become affordable and timely, when decision-making capability is restored to individuals. Such "reconnection" excises third parties from the patient-doctor relationship and eliminates any justification for BARRCOME.

**Keywords:** Bureaucracy, Single payer, Universal healthcare, Socialized medicine, Free market healthcare, Death-by-queue

## Introduction

Many people believe when government regulates something, like lowering drug prices built into the U.S. Inflation Reduction Act of 2022, there is no cost to the public, and the effect is what is written in the bill, such as reducing inflation or cutting the price of drugs [1].

Nothing could be further from the truth. When a federal government regulates healthcare (or anything for that matter), it does so by creating BARRCOME (bureaucracy, administration, rules, regulations, compliance, oversight, mandates, enforcement). In healthcare, BARRCOME kills patients, [2] and could even destroy a nation. This review focuses primarily on the U.S. healthcare system with examples taken primarily from it. However, the analysis and conclusions apply equally to any government-run healthcare system such as those in the European Union (EU).

## BARRCOME Explained

"B" is for bureaucrats, individuals who are "concerned with procedural correctness," often, according to one definition, "at the expense of people's needs." Anthony Fauci [3] was the consummate bureaucrat, driven by a need for Americans to follow his procedures, even though his mandates were un-scientific and did grave harm. His need for procedural correctness cost children's education, [4] millions of livelihoods, [5] and American lives. Fauci and Rochelle Walensky, CDC Director, [6] were prime examples of bureaucrat-MDs: "doctors" who never practiced clinical medicine yet controlled medical practice around the nation, and who suppressed or distorted, even falsified critical medical data, and canceled and even fired individuals who questioned official pronouncements [7-15].

Administrators are those who implement procedures based on policies and rules. Robert Califf, Director of FDA, was an administrator who implemented policies such as disapproving Ivermectin to treat Covid illness despite the drug's long history of safety and effectiveness [16]. Rules and regulations are nearly identical. A rule is "a regulation or principle governing behavior." A regulation is a rule or directive made and maintained by an authority." The more rules and regulations that Washington promulgates, the more individual behavior is governed by the "authority" and the less freedom people have. In healthcare, there are literally an uncountable number of rules and regulations. It is likely the same is true for EU single payer systems.

The rules just for the Affordable Care Act required 10,516 pages of 10-point font in the Federal Register, more than 10 million words-just for the rules. [17] Rules and regulations have destroyed medical freedom, also known as medical autonomy. Humans had to write rules and then interpret (more writings) how they would be applied to various individuals and according to different state, trust or territorial laws. Only a small number of elected members of government can pass laws. In the U.S. that number is 535 members of Congress. Literally millions of unelected, faceless, nameless, unaccountable bureaucrats write and impose rules and regulations on the population. Compliance officers follow up on what oversight reviewers uncover. In the U.S., a small amount, less than 0.4 percent of healthcare spending, is intentional medical fraud. [18] The vast majority of non-compliance is due to confusion as to what is required, differences between federal and local laws, and constant updating make it seem as though providers are shooting at a moving target to try to get paid and to stay out of reviewers' wrath.

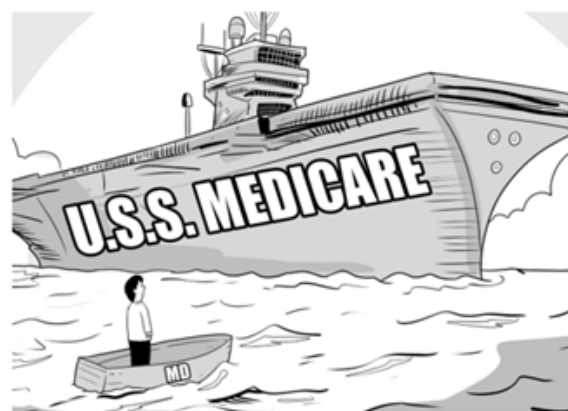
Most compliance requirements have nothing to do with optimizing medical care for patients. Years ago, this author personally caused my university hospital to fail an oversight review. My acts of non-compliance were 1) the books on top of the bookshelves in my

private office were too close to the ceiling tiles, and 2) I had a door-stop (prohibited) in my autopsy lab, though not in use.

In true irony, the rules that regulatory agencies themselves must comply with and that should constrain them are written by ... the regulatory agencies. An example are rules governing how to calculate cost/benefit ratios: these are intended to constrain adoption of new rules or regulations that cost money. In summer 2023, the Biden administration "quietly changed... its analytical methodology to make it easier to impose new [expensive] rules while disguising their cost." [19] Reminiscent of the fox guarding the henhouse, allowing BARRCOME to determine its own power is like telling an addict he can limit his own heroin use.

Mandates were the preferred tool of federal tyranny during the Covid scam, likened to the emperor's new clothes. [20] Washington mandates closed schools, prevented religious gatherings, shut down small businesses, required masking and other Personal Protective Equipment (PPE), suppressed free speech. [7-10,21-23] In essence, Washington imposed martial law by suppressing the Bill of Rights in the name of a non-existent biologic threat [20] to the entire nation. Australia took away personal freedom by forcing the unvaccinated into quarantine camps [24].

Interestingly, President Biden's Inflation Reduction Act does not mandate drug prices or payments to providers. It merely published an "allowable reimbursement schedule" to health plans and gives Medicare the right to negotiate prices. Such "negotiation" calls to mind an individual in a rowboat negotiating right of way on the sea with an aircraft carrier. This article focuses primarily on the U.S., and thus the ship in Figure 1 is American Medicare program. However, the concept of extreme power disparity between a provider and the government in "negotiating" prices or payments is equally true in France's SHI (statutory health insurance), Great Britain's NHS (national health service), or Canadian Medicare (Figure 1).



Courtesy of: Deane Waldman

Figure 1: Negotiating Prices with Government (Medicare).

Enforcement, the “E” in BARRCOME, refers to compelling public compliance with federal rules, regulations, and mandates, done both directly and indirectly using medical centers, insurance companies, health plans, even pharmacies as government proxies [25]. Lockdowns of small businesses were enforced directly by threat of losing business license if business stayed open. If health insurance companies failed to comply with federal insurance rules, their contracts became null and void. Indirect enforcement was commonplace in healthcare. Hospitals fired healthcare workers and denied transplantation to patients if they rejected the government mandated “jab” [26,27]. Journals, news outlets, and social media censored or banned those who tried to report adverse outcomes from mRNA injected gene therapy advertised as vaccination. [8,28,29] In this way, private entities became indirect enforcement agents of the federal government [25].

### **BARRCOME kills by...**

BARRCOME kills patients by theft: stealing time, money, and freedom. This is true because federal BARRCOME controls healthcare.

#### **Stealing Time**

A common patient complaint is, “when I finally get in to see the doctor, she (or he) stares at the computer and pays no attention to me!” Sadly, this is too often true. The physician is tasked with an enormous regulatory and administrative burden, which takes time that should go to talking with, examining, and thinking about the patient. Time-wasting tasks include electronic medical records and e-prescribing, hospital efficiency scorecards, HIPAA compliance requirements, diversity confirmation, billing forms, security protocols, health plan requirements and numerous mandatory surveys.

Theft of time hurts patients in two ways. First, it shortens the clinical time devoted to the patient when the patient is with the doctor. Second, time stolen by BARRCOME lengthens the time patients wait to see the doctor, much less get care. In the U.S., before the Affordable Care Act (ACA) maximum average wait time to see a primary care physician was an unacceptable 99 days. [30] The ACA increased maximum wait time to 122 days. In EU single payer systems, wait times can be even longer. Excessively long wait times are medically dangerous. They allow illnesses to progress, become more severe, and lead to what is called death by queue: dying waiting for technically possible care that is not provided in time to save the patient. [31] In U.S., death by queue has been well-documented in Medicaid as well as Tricare, government supported health insurance for veterans [32-34]. Great Britain has a long history of death by queue. In fact, the phrase was coined in the NHS based on the definition of a queue: a line of people waiting for something.

#### **Stealing Money**

The public tends to assume BARRCOME costs them nothing when in fact, it is massively expensive. Someone has to pay the millions of non-clinical (BARRCOME) healthcare workers, both

public and private, plus the buildings, computers, and pencils they use. Euphemistically called “bureaucratic diversion,” BARRCOME consumes 31 percent to 50 percent of all U.S. healthcare spending. [35,36] As the U.S. expended \$4.3 trillion on healthcare in 2022, approximately two trillion “healthcare” dollars were diverted from health care — two words, the voluntary, fiduciary, legally protected, confidential service contract between patient and physician—to healthcare, one word, the system. BARRCOME denied Americans two trillion dollars’ worth of patient care. How much shorter would wait times for care be with two trillion additional dollars for providers? How many lives could be saved with those \$2 trillion?

#### **Stealing Freedom**

Finally, BARRCOME kills the most important American right: freedom. By taking away medical and financial decision-making authority, BARRCOME has stolen medical autonomy or medical freedom. Health plans, not patients, choose a patient’s physician. Pharmacy benefits managers, neither patients nor doctors, choose patients’ medications. Insurance contracts decide on patients’ surgery, not patients and not doctors. Despite laws supposedly protecting patients’ right to choose, [37] the examples above and patients’ everyday experience prove that federal BARRCOME has killed medical autonomy in the U.S. and elsewhere [38,39].

In countries where government totally controls healthcare, such as Great Britain and Canada, there is no medical autonomy, *by law*.

Reminiscent of Sarah Palin’s infamous “death panel,” the British NHS decides life and death The NHS forced a mentally impaired woman to have an abortion against her will [40]. The British High Court mandated withdrawal of life support in two babies—Charlie Gard and Alfie Evans—against the parents’ wishes [41,42]. The government pays bonuses to doctors and nurses who put patients on lists for euthanasia [43]. Like Great Britain, Canada’s federal healthcare system can override a patient’s wishes. “Canada’s Supreme Court has ruled that ... a government board, not the family or doctors, has the ultimate power to pull the plug on a patient” [44].

### **BARRCOME can destroy a nation**

Out of control (unrestrained) BARRCOME can destroy a nation in two ways. It can spend the host country into default, or it can budget frugally and fail to provide care so that its citizens die unnecessarily. The latter describes Great Britain and Canada. The U.S. is unique in that it suffers from both “unsustainable” (per President Obama) overspending and death-by-queue. According to the trustees of American Medicare, the program will be insolvent by 2028 at which time it will be unable to pay for hospital care for seniors [45].

### **BARRCOME defends itself**

BARRCOME assiduously defends itself, ignoring and often hiding mistakes that cost lives. In the U.S., the recent Covid experience

amply demonstrates this fact. Despite evidence that the virus probably came from the Wuhan lab, U.S., Chinese, and World Health Organization officials repeatedly decried this possibility. Despite increasing evidence that masking did not work; that lockdowns hurt more than helped; that the mRNA vaccines could be deadly and were not effective protection; and most ominous, that most deaths were caused by comorbid conditions not primarily Covid infection, the official position and response plan never changed. BARRCOME would never admit to being wrong. In fact, mask mandates are returning, Covid vaccine was added to the CDC recommended childhood vaccination schedule, and advertisements continue urging people to get boosters.

For years, surgical results at Great Britain's Bristol Royal Infirmary were substandard. Surgical mortality was consistently higher than comparable institutions. NHS officials suppressed the information, altered reports, and continued to allow the low-quality surgeons to operate [46]. When this scandal finally broke, an investigation ensued. Two Bristol surgeons were fired. The institution was placed on probation. The broad, cultural changes in the NHS recommended by the Bristol Report were not implemented [47].

Like the NHS, BARRCOME in Canadian federal healthcare defends itself against charges of poor quality. When senior surgeon Ciaran McNamee proffered data on medically unacceptable surgical wait times and resulting deaths. His charges were ignored [48]. He became the problem. Dr. McNamee was forced out of his job as Chief of Thoracic Surgery and eventually had to leave Canada, moving to a prestigious position in the Harvard system. There was no public investigation of McNamee's claims. Canadian BARRCOME successfully defended itself by deflection.

## Microeconomic Disconnection and Reconnection

Knowing the mode by which BARRCOME is destroying healthcare and patients, one can save people by eliminating BARRCOME. Third parties use BARRCOME as justification for making financial and medical decisions that should legally, morally, and optimally be done only by patients. Washington's BARRCOME are the rules of the healthcare market. Third parties have decision capability because they are the payers in the only market that has *three parties*.

In all commercial transactions (except health care), whether for goods or services, there are two parties and only two: buyer and seller. The buyer is also both consumer and payer, the one who decides which seller to choose, how much to pay, takes money out of pocket, and consumes the product or service. In all markets except healthcare, sellers compete for buyers' dollars based on buyers' determination of seller value: cost versus quality. Normally, these two parties are directly connected by exchange of buyer's money in return for seller's product or service. In a free market, buyers' incentive to economize and inter-seller competition keep prices low, quality high, and service timely.

Healthcare, unique in the U.S., is an "un-free" market. It has *three parties*: buyer, seller, and payer. Buyer is consumer but is not payer. Seller does not decide what goods or services to provide nor how much will be paid. Third party is Washington, directly or indirectly in control through contracts with health plans and insurers. Third party (government) decides what services and goods patients will receive, which sellers can provide care and how much they will be paid. Third party-neither buyer (patient) nor seller (provider)-has exclusive decision-making capability in health care transactions.

In economic or market terms, the market is un-free because buyer is disconnected from seller. Such "microeconomic disconnection" distorts market forces in healthcare making it the antithesis of a free market [49]. Since buyers (patients) are not spending their own money, they have no incentive to economize or to avoid unhealthful life choices. As experienced by all in this un-free market, prices keep rising without surcease. Sellers compete for low-bid contracts, not for buyers' dollars. This eliminates the need to provide high quality and timely service. BARRCOME gives legal cover to third parties when they take financial and medical decision-making away from Americans. Washington spends more and more on healthcare BARRCOME while American patients get less and less care [30].

The solution to disconnection is obvious and politically radioactive: reconnect buyer/patient with seller/provider, cutting third party out of the decision-making process. Restore free market forces so they can make their magic: the highest quality at the lowest price available when needed to the most people. Reconnection returns decision-making—both medical and financial—to where it belongs, in the hands of We the People. Such "patient-controlled healthcare" [2] would make the vast bulk of BARRCOME unnecessary, to be discarded thus saving literally trillions of healthcare dollars. And best of all, reconnection would restore freedom: it would re-establish medical autonomy.

## Acknowledgement

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## Conflict of Interest

None.

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