



Mini Review

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Malpractice on 'Patient' Healthcare

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Introduction

Every physician knows to practice good medicine on a patient, whether a sick human or a dying system like healthcare, one must treat the cause of illness, the etiology, not merely the symptoms. For decades, federal politician-doctors-without-licenses have been practicing bad medicine on patient U.S. Healthcare System. They apply topical anesthetics and band-aids claiming these will cure the cancer [1]. Washington's promised panaceas for Healthcare's chief complaints-unaffordability and inaccessibility-have been consistent failures. They have made patient Healthcare even sicker, increasing spending on healthcare while reducing availability of care [2]. Every one of the false doctors' treatments has been a fix-that-fails-or-backfires, a classic archetype in systems thinking [3,4].

Fixes that Failed or Backfired

The jewels of President Lyndon Johnson's Great Society (1965) were Medicare [5] promising complete medical care after retirement, and Medicaid [6] guaranteeing "benefits under the Old-Age, Survivors, and Disability Insurance System." By 2028, the Medicare Trust will be insolvent, broke, and unable to provide hospital care for seniors [7]. Medicaid enrollees wait so long for care they die waiting in line for care – death by queue [8,9]. In 1986 Congress passed the anti-dumping law, Emergency Medical Transport and Labor Act (EMTALA.) This required hospitals to provide care to sick persons presenting in their emergency rooms regardless of lack of payment source for care. EMTALA created the unfunded mandate which is closing small, especially rural hospitals, the only places for care for large swaths of the country. In 1960, Texas had more than 310 small rural hospitals. Now there are fewer than 160. More are closing every month everywhere, not just Texas [10,11]. Nine years after EMTALA, Congress passed UMRA (Unfunded Mandate Reform Act, 1995) [12]. UMRA was another fix that failed and backfired. The legislation's failure is obvious since the damaging mandate still exists. "Backfire" is manifest by the millions (billions?) of dollars

spent for BARRCOME (bureaucracy, administration, rules, regulations, compliance, oversight, mandates, enforcement), [13] from which the public received no benefit.

HIPAA (Health Insurance Portability and Accountability Act, 1996) continued Washington's malpractice on healthcare through its legislation. HIPAA failed to make insurance portable and backfired twice. Accountability regulations elevated security over facility in communication making it harder for caregivers to share patient information. This increases the likelihood of errors and adverse impacts on patients. HIPAA engendered tens of billions in BARRCOME spending, again for no public gain. The Affordable Care Act (ACA) was a culmination of fixes that backfire. It achieved the opposite of its title. Congress' 2010 fix for healthcare raised the cost of insurance, increased wait times to see a doctor, [2] and cost more than \$1.7 trillion [14] most going to BARRCOME. Where did the money for ACA come from? In addition to printing nearly a billion of fiat dollars, Congress raided the Medicare Trust for \$716 billion intended to pay for seniors' care [15].

Barrcome

Each time Congress fixes healthcare using legislative BARRCOME, Americans suffer. Individually, they can't afford care and even with insurance, they can't get care. Collectively as a nation, the U.S. spends much more than it can afford, creating debt that mortgages our children's and grandchildren's future. Spending on BARRCOME is estimated at half of all U.S. healthcare spending! [1] In 2022, the U.S. spent \$4.3 trillion on its healthcare system, an amount greater than the GDP of Germany. Washington diverted \$2 trillion from patients to pay itself-for its BARRCOME-producing healthcare spending that produces no health (medical) care.

Etiology and Mechanism

The common thread, the root cause of healthcare system dete-



rioration is Washington acting through legislation and regulation as the dominant third party in the only market that has three parties: healthcare.

In other markets, there are only two parties that make decisions: buyer and seller. Buyer decides his/her spending: whether, how much, and paid to whom? Sellers compete for buyers' dollars by deciding price and quality of their products or services. In a two-party market, buyers spending their own money have strong incentive to economize. Sellers must keep prices low and quality high or risk losing buyers' business.

In healthcare, Washington is the ultimate third-party decision maker. Insurance companies follow federal regulations on benefits as well as Washington's Medicare and Medicaid "allowable reimbursement schedules," a euphemism for federally fixed payments. Third party (Washington) decides what care patients get by dictating insurance benefits. Because buyers' (patients') have little incentive to economize, prices keep rising apparently without limit. Sellers of care, i.e., doctors and hospitals, compete for health plan low bid contracts, not for buyers' dollars. Sellers have little incentive to provide timely service and are strongly encouraged to be efficient, i.e., to service many patients thus spending minimal time with any one individual.

Curative Treatment

Federal malpractice is the etiology for worsening condition of patient Healthcare. Progressive damage to healthcare is done by third-party decision making, both financial and medical. This "disconnects" [16] buyer (patient) from seller (care provider). The end result is ever-escalating spending and worsening access to care. Practicing good medicine on patient Healthcare requires addressing the etiology of sickness: Washington's dominance through regulatory control and third-party payment structure. To cure the patient, remove third-party as medical and financial decision maker. Directly reconnect patient (buyer and payer) with doctor (seller of services and goods) with no third party in between. This will restore free market forces driving prices down and quality, especially timeliness, up. Add state-designed and operated safety nets for the medically vulnerable [1]. Removing Washington as the treating physician for patient Healthcare will restore this patient to good health and full function. It will also will regain medical autonomy for Americans [17].

Acknowledgement

None.

Conflict of Interest

None.

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