

## Curing Patient Healthcare In 2 Images

Waldman D\*

Professor Emeritus of Pediatrics, Pathology, and Decision Science; former Director of the Center for Healthcare Policy at Texas Public Policy Foundation; former director, New Mexico Health Insurance Exchange; and author of 12 books including the multi-award-winning Curing the Cancer in U.S. Healthcare: States Care and Market-Based Medicine, USA

### \*Corresponding author:

Deane Waldman, Professor Emeritus of Pediatrics, Pathology, and Decision Science; former Director of the Center for Healthcare Policy at Texas Public Policy Foundation; former director, New Mexico Health Insurance Exchange; and author of 12 books including the multi-award-winning Curing the Cancer in U.S. Healthcare: States Care and Market-Based Medicine, USA

Received: 16 Feb 2024

Accepted: 25 Mar 2024

Published: 30 Mar 2024

J Short Name: JCM I

### Copyright:

©2024 Waldman D, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

### Citation:

Waldman D, Curing Patient Healthcare In 2 Images. J Clin Med Img. 2024; V7(12): 1-3

## 1. Introduction

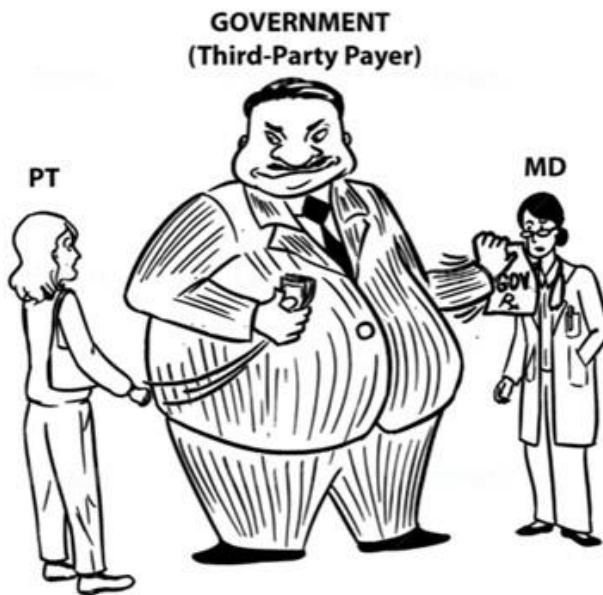
The U.S. healthcare system, herein called “patient” Healthcare, is critically ill, both medically and financially. Of this, there is no dispute. There is strong disagreement about how to cure this patient. Most people look to government to fix the patient. This has not worked despite more than fifty years, innumerable legislative acts, and trillions of dollars.

## 2. Present U.S. Government-Run Healthcare System

As a nation, the U.S. is spending close to double what comparable nations spend [1] on healthcare and much more than the country can afford. Former President Obama rightly called the upward national spending curve as “unsustainable.” Roughly half of that spending is dollar inefficient. It does not pay for care but rather goes to pay for BARRCOME (bureaucracy, administration, rules, regulations, compliance, oversight, mandates, and enforcement.) [2] Medically, patients wait dangerously long to see a doctor, with maximum average wait times for a primary care physician more than four months. [3] Many government-insured patients, especially those covered by Medicaid, cannot find a doctor to care for them [3-7]. Such inaccessible care results in death-by-queue: Americans dying while waiting in line for technically possible care that isn’t provided in time to save their lives [7-9]. These (literally) fatal flaws

are due to the structure of the current healthcare system, where third-parties, ultimately one third party: Washington, are making financial as well as medical decisions. Patients – who are consumers but who are not direct payers – cannot make their own medical decisions. These are determined by federal insurance rules, insurance contracts, and pre-authorization processes. Third-party decision making has taken away medical autonomy [10].

Patients cannot decide how to spend their healthcare dollars. Third parties take patients’ money and pays itself, i.e., the BARRCOME, before a single physician or nurse is paid. Care providers must accept the leftovers. In 2023, third party payment structure denied Americans approximately two trillion dollars’ worth of care, half of the \$4.5 trillion the U.S. spent on healthcare [11, 12]. Prevailing wisdom says that there are many third-party decision-makers, the insurance companies and health plans. In fact, there is only one – the federal government. For 194 million Americans whose health care is covered by Medicaid, Medicare, Tricare, and the uninsured covered by EMTALA (Emergency Medical Transport and Labor Act of 1986), Washington directly dictates their care. For 138 million privately insured Americans, insurance companies follow federal rules, regulations, and allowable reimbursement schedules. Thus, Washington is the single, “final” third-party decision-maker in U.S. healthcare (Figure 1).

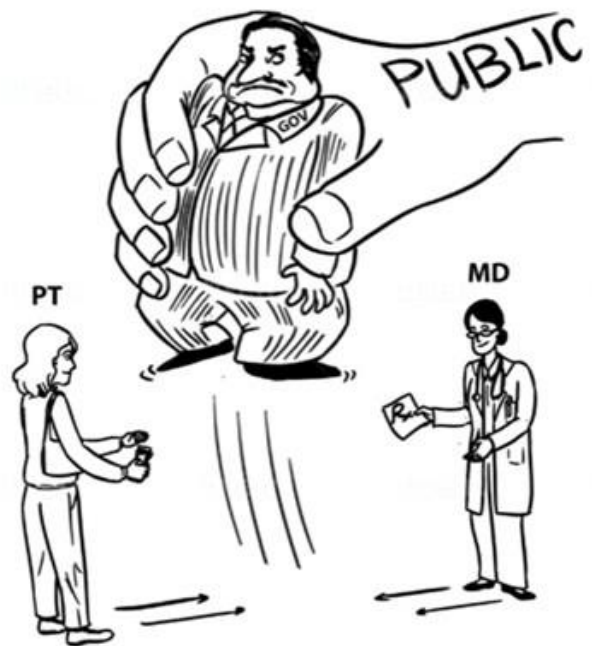


**Figure 1:** Washington Third Party Controls Health Care

As patients are denied their medical autonomy, similarly, physicians have their authority taken away. The CoViD scam [13] exposed how Washington controls the practice of medicine, telling doctors what they can and cannot do, what drugs they can and cannot use, even how to triage critically ill patients, giving preference to minority status over medical severity! [14] Since the etiology of illness in patient Healthcare is third-party decision-making, the cure is obvious, though politically radioactive. Return decision-making authority where it belongs: in patients' hands. Turn government-run healthcare into a patient-controlled system [15].

### 3. Patient-Controlled Healthcare

Repeal laws and cancel rules and regulations that take away medical and financial authority from patients. Similarly, repeal any laws and cancel any rules or regulations that inappropriately take the practice of medicine away from physicians. Those who passed the laws and who wrote the controlling regulations will be reluctant to give up control and lose their sinecures. As in (Figure 2), only a strong push from the voting public can force elected officials to do what must be done – done in the best interests of patients rather than the self-interest of politicians and bureaucrats. With the third-party (government) no longer making decisions, patient and physician can re-establish the fiduciary connection. Doctor can give care tailored to that specific patient. Patient can choose care and pay doctor out of HSA for services rendered.



**Figure 2:** Patient-Controlled Health Care

Transfer current employer payments to insurance companies to employees as tax-advantaged compensation. Allow them to contribute that money into unlimited family HSA. Patients then shop for care among competing providers. Allow sale of very high deductible catastrophic insurance for the rare, high-cost medical catastrophe, viz., cancer, heart attack, or auto accident trauma. Phase out Medicaid, CHIP, Medicare, and Tricare. Pay their out Trusts out to recipients' HSAs. Repeal laws mandating state and taxpayer contributions to federal medical programs, so states and individuals can recoup these monies. (At present contributions to Medicaid is the largest single expense item on every state budget.) Allow states, not federal government, to design and implement medical safety nets that best serve the unique needs of their residents [12]. With the third-party (government) no longer making decisions, nearly all the expense of BARRCOME, roughly \$2 trillion (the entire GDP of Canada), can pay for care and/or used to reduce Americans' tax burden.

### References

1. Wager E, McGough M, Shameek R. How does health spending in the U.S. compare to other countries? Petersen KFF. 2024.
2. Waldman D. Healthcare BARRCOME Kills Patients. *Am J Biomed Sci & Res.* 2023; 20(1): 36-40.
3. Merritt Hawkins. Survey of Physician Appointment Wait Times– And Medicare and Medicaid Acceptance Rates. 2018.
4. Perspectives of change. 12-year-old Deamonte Driver dies from lack of access to dental care. University of Chicago. 2010.
5. Horton N. Hundreds on Medicaid Waiting List in Illinois Die While Waiting for Care. *Illinois Policy.* 2016.
6. KHN Staff Writer. Study: Nearly A Third of Doctors Won't See New Medicaid Patients. *Kaiser Health News.* 2014.

7. Waldman D. The unheralded pandemic: Death-by-Queue. *Clinics in Nursing*, 2(3),2023;
8. Veterans Health Administration. Review of Alleged Mismanagement at the Health Eligibility Center. VA Office of Inspector General, Office of Audits and Evaluations. 2015.
9. Waldman D. 'Death by Queue' Is the Health Crisis Government Asked For. *Federalist*. 2023.
10. Waldman D. Medicine has lost its way. *Real Clear Health*. 2024.
11. Reuters. U.S. healthcare spending rises to \$4.5 trillion in 2023.
12. Waldman D. *Curing the Cancer in U.S. Healthcare: States Care and Market-Based Medicine*. Albuquerque, NM: ADM Books. 2019.
13. Waldman D. SARS-CoV-2, the emperor's new clothes and medical tyranny. *Clin J Nursing Care & Pract*. 2022.
14. Waldman D. Who decides who gets treatment? *American Thinker*. 2021.
15. Waldman D. In Health Care, Freedom Is the Biggest Shortage. *Federalist*. 2023.