

XIV. WHAT'S REALLY WRONG WITH THE U.S. HEALTH CARE SYSTEM?

"Medical insurance costs so much...it takes a fatted calf every month!"

- An Iowa farmer complaining on National Public Radio (NPR) 3/19/93, without a trace of the irony.

For starters it's not health care, it's disease care.

Secondly, the goals of the system have not been properly defined. Is it supposed to fix healthy people who have been broken? Or is it supposed to keep everyone alive forever? If it's the latter, why hasn't some grandiloquent Lyndon Johnson assigned a "Task Force" to lead a "War on Death"? There would be an expensive search for "the death gene." And if the death gene exists (highly unlikely), and we eliminate it, what then? If the earliest life form had been immortal, the only extant life would be a solitary three-billion-year-old bacterium.

"Yes, death indeed is quite a friend;
it shows how fragile health is.
Oh, what a friend we have in death;
especially someone else's."

-JB

Is there any chance that a "War on Death" would be any more successful than Johnson's "War on Poverty"?¹ Or Nixon's "War on Cancer"? Somewhere along the line *that* "Task Force" picked off a sampan or two² (childhood cancers, stomach cancer), but the enemy carriers and battleships³ (cancer of the breast, prostate, intestine, lung, and liver) are still hiding under ancient biplanes towing banners that read "Beef - Real Food for Real People", "Pork - the Other White Meat", "Milk - It Does a Body Good", "Come to Marlboro Country", and "This Bud's for You." The United States Department of Agriculture price-supports the planes, and the Internal Revenue Service tax-deducts the banners.

Presently the U.S medical budget runs about 12% of the gross national product.⁴ Although there has been a 27-year increase in life expectancy at birth since the turn of the century, Thomas McKeown, M.D. has made a strong case that most of the increase was brought about by improved sanitation and better food distribution as a result of "the second agricultural revolution" of the 19th century. In his words: "The health of man is determined essentially by his behaviour, his food, and the nature of the world around him, and is only marginally influenced by personal medical care."⁵ McKinlay and McKinlay⁶ analyzed American health statistics and concluded that no

¹Murray C. *Losing Ground: American Social Policy, 1950-1980*. pp 53-68. Basic Books, 1984. ISBN 0-465-04232-5.

²Davis D, Schwartz J. *Trends in cancer mortality: US white males and females, 1968-83*. National Research Council, Washington, DC. *Lancet* 1988;1(8586):633-6, ISSN 0023-7507.

³Bailar J, Smith E. *Progress against cancer?* *N Engl J Med* 1986;314(19):1226-32. ISSN 0028-4793.

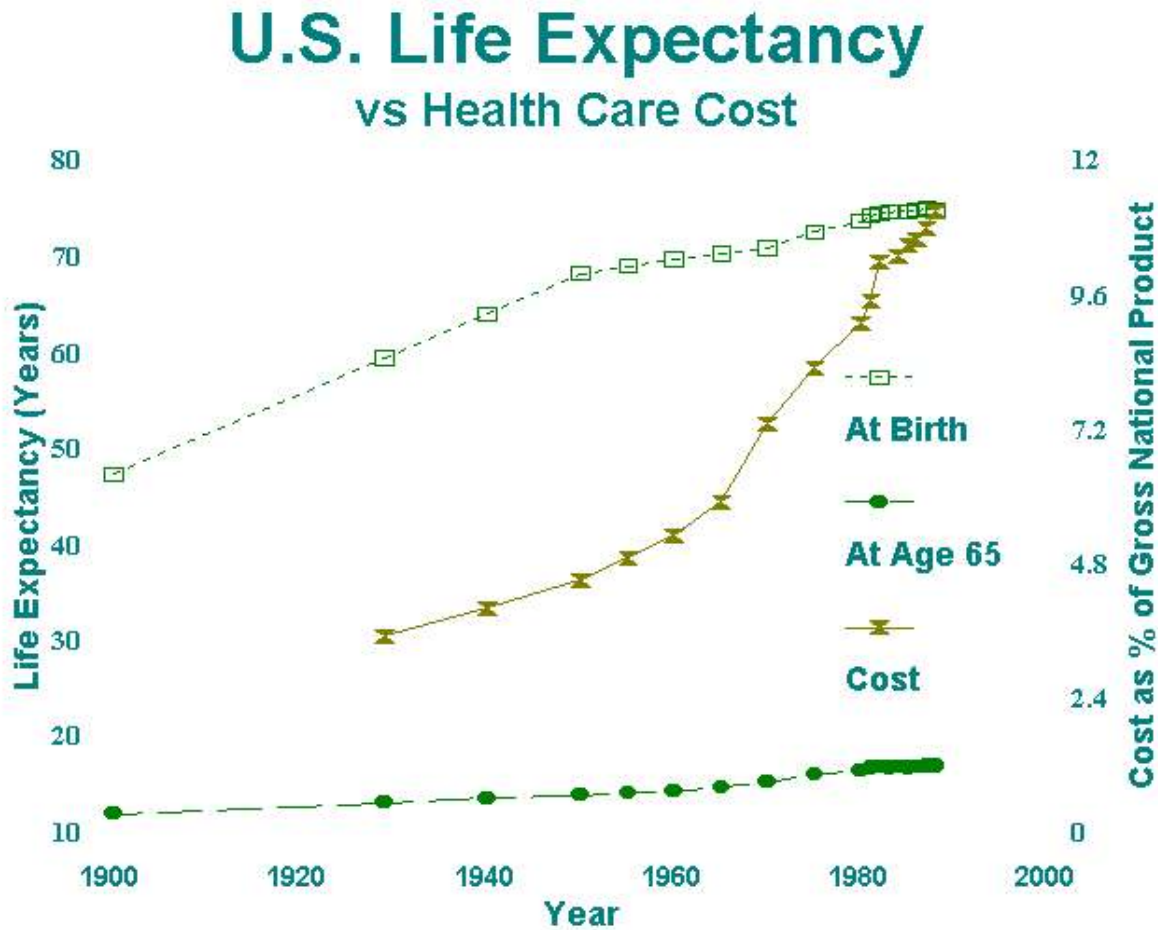
⁴Office of the Actuary. Health Care Financing Administration.

⁵McKeown, Thomas. *The Modern Rise of Populations*. pp 152-163. Academic Press (Harcourt Brace). New York, 1976.

⁶McKinlay J, and McKinlay S. *The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century*. Health and Society. Milbank Memorial Fund. Summer 1977.

more than 3.5% of the decline in mortality since the turn of the century could be attributed to medical intervention.

While life expectancy at age 65 has gone up five years since 1900, annual medical costs per capita have risen from \$25 (1930) to \$1200 (1988-inflated). In the graph below,⁷ national health care costs as percent of GNP are compared to increased life expectancy.



The major increases in longevity occurred before medical costs went through the ceiling, so the present costs

⁷See note 146. *Health United States 1990*. Tables 15, 105, 111, 113.

do not appear to be a superlative example of a bargain.

Workers in the Clinton "Health Reform War Room" (usage courtesy of NPR 10/13/93) are unlikely to reduce the burden, since they have skillfully sidestepped some fundamental problems.

A. DEFINITION PROBLEMS

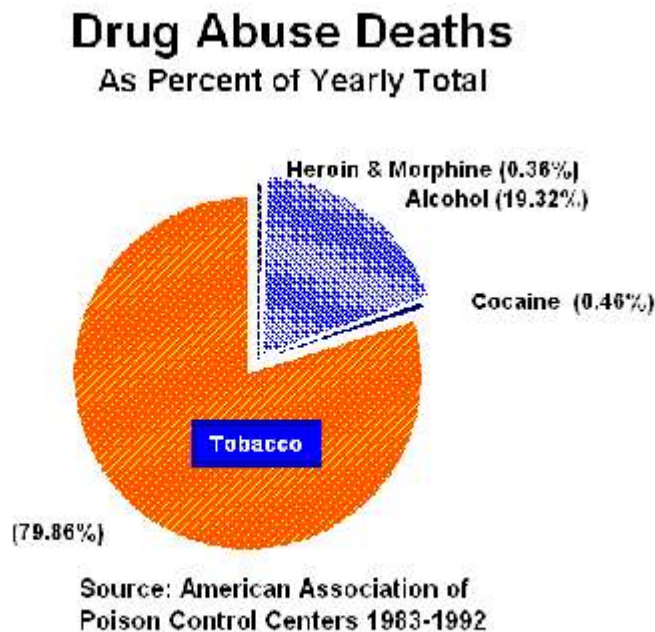
It's widely argued that the government's medical interventions are there to provide a "safety net" for those who can't afford care. But there *is* no safety net, and the use of the term in the context of disease care is a tendentious semantic manipulation. A true safety net keeps the trapeze flyer from hitting the floor. Every time. And it works.

But in the circus of life, *all* the flyers wind up on the floor, safety net or not. It might be useful to speak of a safety *sieve* and to design the holes in such a way that only the most egregious lack of personal hygiene or advanced age would allow the flyers to fall through, but that's not what the government is up to.

The government sees disease as a capricious and democratic event and intends to tax the healthy to pay the medical bills of those who smoke, drink, consume 41% of Calories from fat,⁸ and use hard drugs. If that were not enough, this same government actively finances the first three behaviors.

As for the "drug war," the government spent \$12 billion in 1992 with little effect on drug-related emergencies, although it sustained a lucrative black market for an otherwise worthless product.⁹ All this to protect individuals who, in spite of a torrent of warnings, continue to use cocaine, heroin, and morphine anyway, and to defy with mortal fury those who would protect them from themselves.¹⁰

They accounted for less than 1% of the drug-abuse deaths,¹¹ much less than alcohol and tobacco users:



⁸See note 49. *FAO*.

⁹Hamowy R. *Dealing with Drugs: Consequences of Government Control*. Pacific Research Institute for Public Policy. San Francisco, 1990. ISBN 0-936488-32-8.

¹⁰Szasz T. *The Theology of Medicine*. Syracuse University Press, 1988. ISBN 0-8156-0225-1. 29-48.

¹¹Horgan J. *Scientific American*. July 1993 p 26.

"Health care" is being hyped as a "human right" to citizens unaware that the first term is an oxymoron, and the second is a legal fiction. If you really have health, you don't need any care. And do we have a "human right" to food and shelter?

The Soviet Union tried that one, and after numerous lethal purges, wars, tens of millions of deaths, constant shortages and dissatisfaction, communism finally collapsed from its own sheer ideological defects.

But food and shelter *are* essential to human survival. Medical care is *not*. Sixty million years of primate, hominid, and human evolution proceeded without antibiotics, doctors, or magnetic resonance imagers.

There are documented cases of humans who actually make it through a long, healthy, and productive life without ever seeing a physician. They fall asleep in their nineties and don't wake up, and the autopsy report reads, "Patient dead, cause unknown...." If medical care disappeared overnight, the overall effect on humanity might not be measurable except for a return to the folds of Darwinian selection, a change that might be applauded by future generations.

B. VALUATION PROBLEMS

Let us postulate that all therapeutics are bogus until proven otherwise. If public funds *are* to be used to pay for private therapeutics, which therapeutics should be covered first?

Surely, civilization should be able to guarantee treatments that are both effective and cheap. A child who falls and breaks an arm should not have to go through life with a crooked arm because no orthopedist could be found. A stone sober, alert, quick-reflexed athlete should not die of a ruptured spleen because a drunk hit his car and no surgeon was available. And while the cause of rheumatic heart disease probably has more to do with diet, sanitation, and general hygiene, an inexpensive shot of penicillin will abort the opportunistic streptococcal infection that causes the permanent auto-immune valvular damage in the heart.

At the other end of the continuum we have the coronary artery bypass graft (CABG), and two choices:

Choice One: Quit smoking, start exercising, go on a vegan diet and watch while your serum cholesterol drops, your coronary arteries open up,¹² and your coronary heart disease (CHD) gradually vanishes - cost \$0.00.

Choice Two: Lie down on a table, have your sternum split, your heart stopped, other vessels used to bridge your plugged coronary arteries, your heart started again, your chest closed with permanent steel wires, run a 1.8% chance of dying in the OR, spend a week recovering in the hospital,¹³ and face a 15% chance the grafts will plug up again¹⁴ if you keep smoking, sitting on your duff, and eating grease deep fried in hot fat - cost \$40,000. The roto-rooter approach to CHD is a waste of time unless a vegan diet is instituted first. If it is instituted, the need to call a plumber will diminish rapidly.¹⁵

Some cardiologists are still telling their patients that Choice One is ineffective, although a host of studies show that CHD can be regressed in primates and rodents,¹⁶ and at least two studies have shown that it can be

¹²See note 94. Ornish.

¹³Kirklin J, and Barratt-Boyes B. *Cardiac surgery: morphology, diagnostic criteria, natural history, techniques, results, and indications*. pp 109, 302, 313. Churchill Livingstone Inc. New York 1993. ISBN 0-443-08845-4.

¹⁴Acinapura A, Jacobowitz I, et.al. *Internal mammary artery bypass: thirteen years of experience. Influence of angina and survival in 5125 patients*. J Cardiovasc Surg (ITALY). 1992;33(5):5549. ISSN 00219509.

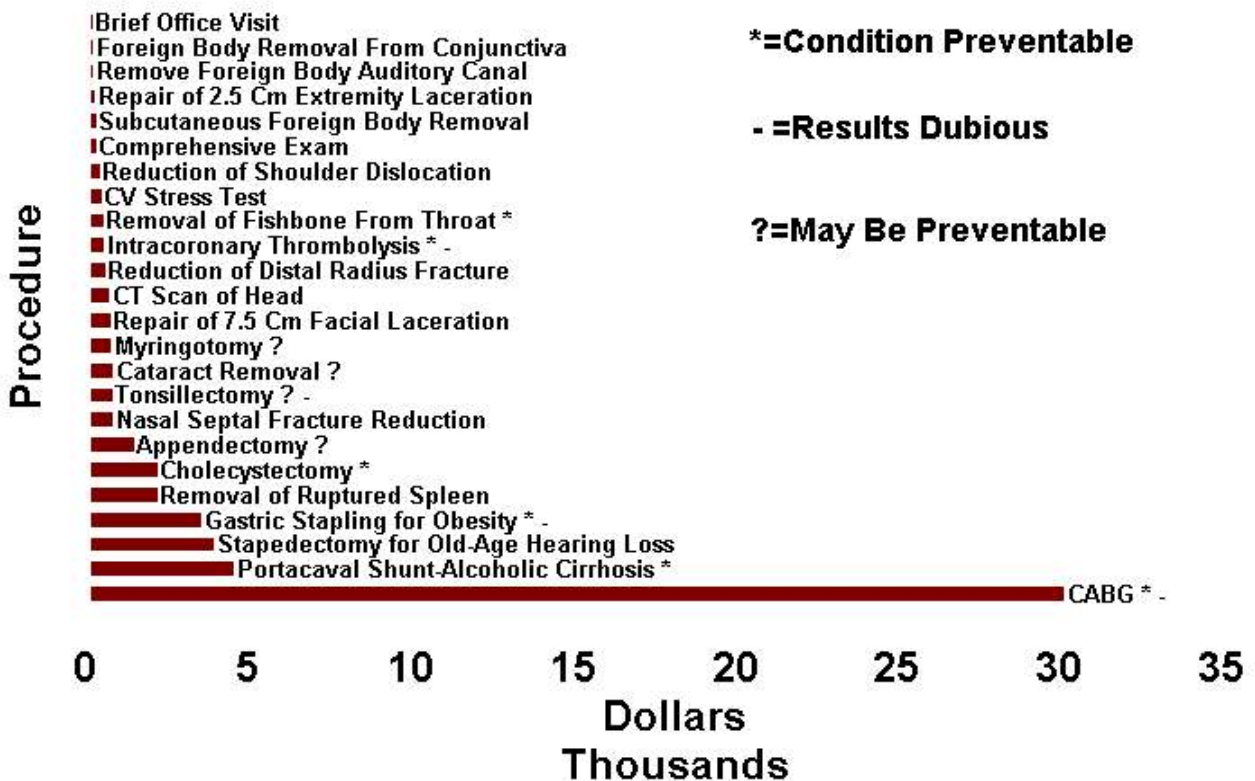
¹⁵Ellis F. *Angina and vegan diet*. American Heart Journal. 1977;93(6):803-4.

¹⁶Connor WE, and Connor S. *The Key Role of Nutritional Factors in the Prevention of Coronary Heart Disease*. Preventive Medicine. 1972;1:49-83.

regressed in humans also.¹⁷ Other cardiologists admit CHD is regressible but state that a vegan diet is "impractical."

Two responses to this one are in order: first off, it's not the doctor's job to tell his patient what's practical. It's his job to tell the patient what's possible and let the patient decide what's practical. Secondly, if the patient were charged the full cost of the CABG, he might find the vegan alternative a whole lot more practical than he thought. But the patient usually prefers that his fellow citizens cough up the shekels for the CABG and doctors, drug companies, the government, hospitals, insurance companies, "progressive" politicians, and surgical supply houses all shout hosannahs of affirmation.

A Few Medical Costs Some Conditions Preventable by Diet



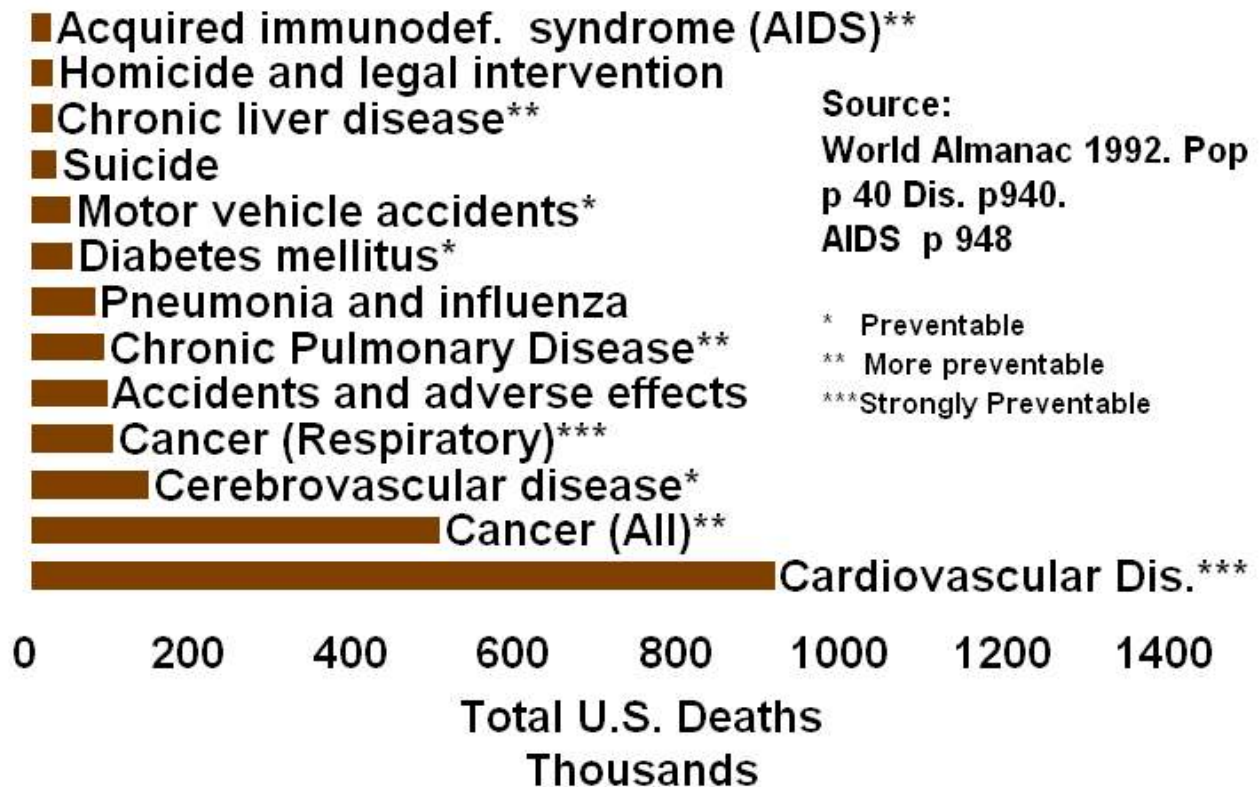
In the above graph a few therapeutic regimens are compared for effectiveness, cost, and preventability.¹⁸ Fixing a broken arm costs about \$433. It's effective and cheap, and the condition is usually accidental. The CABG lies at the other end. It has not been shown to extend life (although it reduces the frequency of angina), it's expensive, and CHD is surely the most preventable disease known to mankind. One could fill in the graph with many choices until it became unreadable, but the concept is simple. Some diseases are accidental, the lightning bolts hurled by a demented Zeus but repairable by scientifically enlightened mortals. Other diseases people bring upon themselves, largely by following lifestyle and dietary patterns, which, though socially acceptable, are fatally flawed.

¹⁷Blankenhorn DH, et al. *Beneficial effects of combined colestipol-niacin therapy on coronary atherosclerosis and coronary venous bypass grafts.* JAMA 1987;257:3233.

¹⁸HMPG Professional Services Fee Schedule, 1991.

U.S. Deaths

1988



Surely if the government is to use taxpayer's money to care for human ailments, it should pay primarily for the Jovian lightning bolts. However, it appears that accidents are causing only about 7% of the deaths, or 5.77% if we eliminate the 50% of MVAs caused, not by *accident*, but by tanked-up drivers. Probably 50% of the other accidents are also alcohol-related, in which case the real accidents only cause about 3.48% of the deaths.¹⁹ Of course, we can run the figure back up a bit by including the Saturday Night Knife and Gun Club under the heading "Homicide and Legal Intervention," but most of these frolicsome clients, a standard feature in urban emergency rooms, are also tanked, as are many of the suicides. As noted in Chapter IX, distilled spirits and beer are made from USDA price-supported feed grains at a cost to taxpayers of about \$80 million/year.

Most of the remaining medical costs are going to the treatment of degenerative diseases that result from other lifestyle errors also underwritten by the USDA's price-support policies.

C. FINANCIAL PROBLEMS

¹⁹Hoffman M. *The World Almanac and Book of Facts* 1992. p 951. Pharos Books, New York 1992. ISBN 0-88687-642-7.

The public debt²⁰ increases each year, reflecting the federal deficit²¹ of the previous year.²² Each U.S. war also increases the debt substantially.



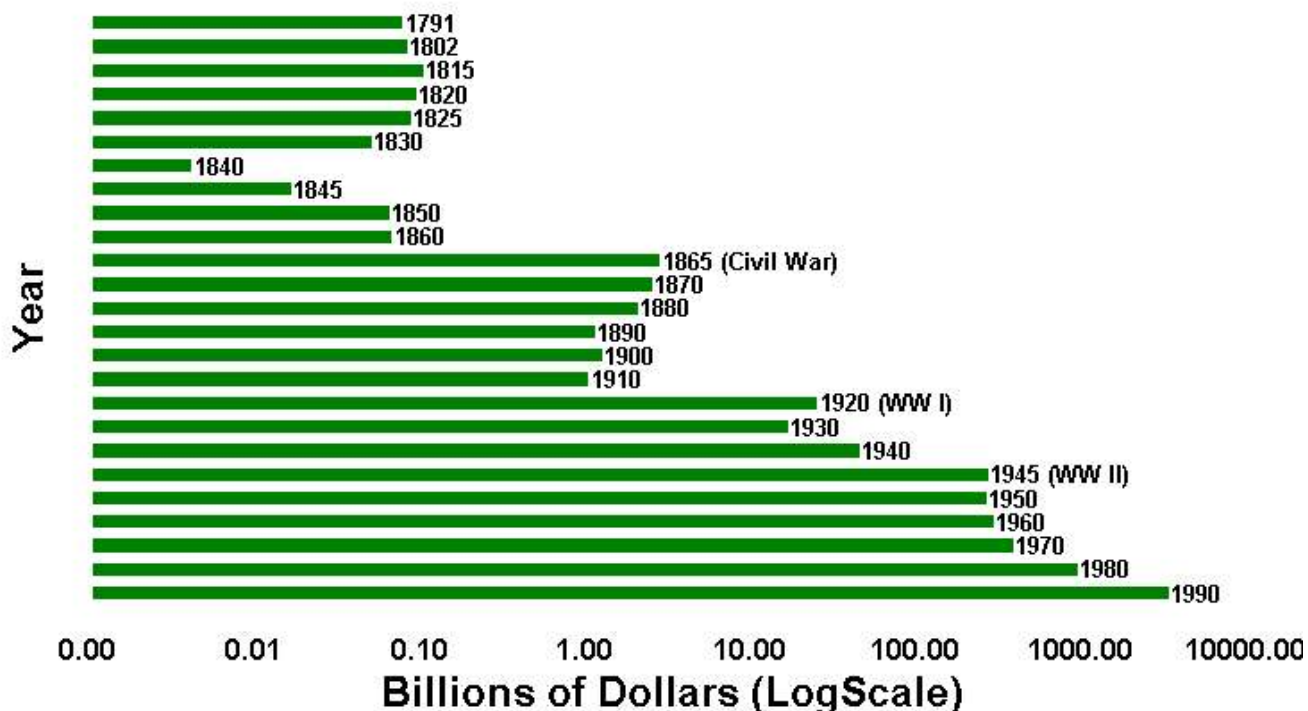
²⁰*ibid.* Hoffman. p 140.

²¹*ibid.* Hoffman. p 139.

²²Meiners R, and Miller R. *Gridlock in Government: How to Break the Stagnation of America*. Free Congress Foundation. ISBN 0-942522-20-6. p 58.

Arguably, this is a way a of shifting our own financial responsibilities onto the shoulders of our grandchildren, but sooner or later the system must break down.

U.S. Public Debt 1791-1990



Alcohol advertising amounts to \$1.2 billion/year.²³ The Internal Revenue Service allows tax deductions for advertising, so taxpayers in effect are paying about a third of the bill, or \$360 million/year for the flapdoodle put out by the booze companies.

Alcohol Advertising

Total \$1.2 Billion in 1992



²³Leading National Advertisers, IMPACT. Reported in USA Today.

Fertilizer and pesticide sales were over \$28 billion in 1992,²⁴ and at least \$.658 billion was spent on advertising.²⁵

Advertising by horticultural food crop growers, who get no USDA help, comes to only \$.245 billion/year.²⁶ If all advertising tax deductions were disallowed, the loss to horticulturists would be more than compensated by the reduced competition from the rest of the food industry.

The Food and Drug Administration (FDA), supposedly riding herd on dishonest advertisers, actually *requires* labels in which fat content is rounded off to the nearest gram.²⁷ "No Fat Yogurt" can be found, in which even the label admits that there are 2 grams of fat in a 220 Calorie serving, or about 8% of Calories from fat (10.2% if the 2 grams were actually rounded off from 2.49, as they probably were.) Plain yogurt is about 30% of Calories from fat, but when sugar and fruit are added, the denominator is conveniently juggled. The infamous "93% fat-free hamburger," that is actually 35% of Calories from fat, is another FDA triumph. The new "Nutrition Facts" food labels hailed by FDA chief, David Kessler, as a way to make "informed choices," become usable facts only after the consumer applies a calculator to the fat and Calorie data. There are many who would be pleased if the FDA, the USDA, and the entire advertising biz²⁸ were fricasseed and served *en flambé*.

When water subsidies for cattle ranchers (\$1 billion/yr),²⁹ grazing breaks on Western public lands (\$.058 billion/yr),³⁰ advertising deductions for the health sensitive products mentioned above, and USDA price supports are added together, the total is only about \$18 billion/year, hardly enough for the Pentagon to buy a left-handed monkey wrench for a Lockheed C-5A.

But wait; there's more. That \$18 billion goes through a little biological photo-multiplier, and when it comes out, we've got an additional \$123 billion medical bill for the diseases caused by animal food consumption. Tobacco runs up \$65 billion³¹ and alcohol another \$100 billion,³² so we're up to \$306 billion. If the USDA, the cause of it all, were itself phased out, there would be further savings of \$63 billion dollars/year,³³ much gnashing of teeth, but also a return to an agricultural free market. The grand total of \$369 billion exceeds the estimated 1993 deficit. Readers who feel the USDA is irreplaceable should consult *The Farm Fiasco* by James Bovard.³⁴

One might suggest to the distinguished Solons that withdrawing financial support from the enterprises that make people sick might kill two birds with one stone, the deficit *and* the medical bills. Unfortunately, the Solons

²⁴See note 441. Hoffman. p 685.

²⁵*ibid.* Hoffman. p 319.

²⁶*ibid.* Hoffman. p 319.

²⁷*Part 101-Food Labeling.* Federal Register 1993;58(158). U.S. Government Printing Office. Washington D.C.

²⁸See note 363. Adbusters.

²⁹See note 262. Durning. p 39.

³⁰Data assembled by *Free Our Public Lands*, PO Box 5784, Tucson AZ 85703, (from USDA and USDI publications).

³¹American Lung Association. *Lung Disease Data 1993 (paper # 0456 p 26)*. New York, 1993.

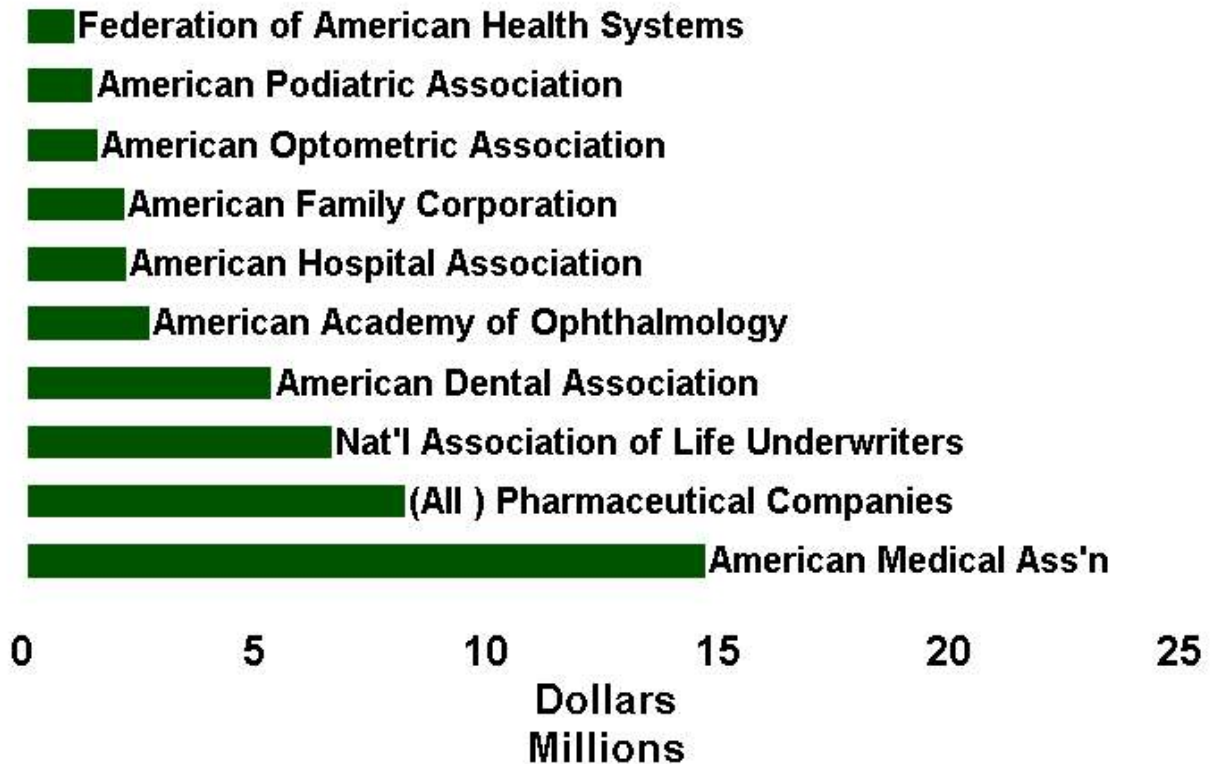
³²See note 214. *Grappling with Alcohol Abuse*.

³³Sugarman C. *From Adversary To Appointee At Agriculture*. Washington Post 10/4/93.

³⁴See note 245. Bovard.

are accepting bribes from concerned parties,³⁵ whose agendas, though generally not supportive of the Clinton "health care reforms,³⁶" are blind to the problems outlined above.

Political Action Contributions 1981-1992



Some have suggested "sin taxes" on alcohol, tobacco, and animal source food to be dedicated to the care of the users. But to make "instant pork," one need only take dedicated tax moneys and pour in the U.S. Congress. Total abolition of these items would cause a civil war, but it's completely reasonable to demand that the U.S. government cease and desist from *supporting* them with our taxes.

D. BUZZ WORD PROBLEMS

"Preventive medicine" has a fine ring to it, and is increasingly heard in the halls of Academe, as well as in Hillary's "task force." But very little is really being done to prevent disease. Those yearly physical exams, EKGs, and proctoscopic exams serve only to detect disease early in its course. If mammography detects your breast cancer before it can be palpated, there may be an improvement in survival rate, but nothing to compare with not getting it at all.

³⁵Data derived by Common Cause, from Federal Election Commission reports, and appearing in the *Common Cause Newsletter*, Oct. 1993.

³⁶Painter J, Bristow L, Todd J. *AMA's Analysis of the Clinton Plan*. American Medical Association. September 1993 (Brochure).

The "price of prevention" in the usual sense of mass screening programs may be more costly than treating individual disease³⁷ although workplace incentives for exercise, diet, and no smoking can reduce a company's medical bills up to 20%.

E. MOTIVATION PROBLEMS

There are several factors that have always inhibited a truly preventive approach to human health. First of all, there's no money in it. If a physician tells a patient to stop smoking and drinking, exercise regularly, and quit all animal food, and if the patient actually takes that advice, the only winner will be the patient. The physician may see the patient for an occasional injury, but gone will be the lucrative repeat visits for cancer and rumors of cancer, diabetes, hypertension, obesity, vascular disease, and the weakness woes. Are M.D.s actively suppressing this advice? It's probably not that simple.

"The distinctive feature of Homo sapiens is the desire to take a pill."

-Anon

The descendants of Hygeia have always fared poorly in the market against the descendants of Aesculapius; the conditions necessary for health have been known to every generation and are known today. The problem is that most humans would rather be boiled in snake oil than give up their bad habits and accept full responsibility for their own health. Around this uniquely human failing have grown up the animal food industry, which panders to a physiological fat addiction probably bred into us by ancestral famines, and the pharmaceutical industry, which purveys palliative remedies for the preventable conditions caused by that addiction. Doctors at worst are like heroin dealers; they didn't really create the demand or grow the stuff, they just prescribe it.

F. CATEGORY PROBLEMS

Honolulu street scene: a man pushes a baby carriage five feet into a crosswalk, then leaves the carriage and walks back to the curb to retrieve a piece of wind-blown paper. An oncoming motorist brakes, the father returns, pushes on to the other side, and a passing police officer stops the motorist and tickets him for driving without a seat belt. Lewis Carroll did not write this scenario. Government rules put the motorist in a higher risk category than the jay-walker and his hapless baby.

Because of the increased cost and complexity of medical technology, few people can afford fee-for-service medicine, so medical insurance is a logical option. But many health insurance plans suffer from a fatal flaw. By charging the same rates for everyone, sickness is actually encouraged and health is penalized. *Nowhere* in the medical system is there a financial inducement to health. Doctors, drug companies, hospitals, and politicians depend financially on human illness, and many patients exploit minor illness for secondary gain. Healthy, fit, young people who seldom utilize medical services often pay the same rates as those who believe a stay in the hospital is equivalent to a visit in exotic lands.

A number of variable rate insurance schemes have been used. One company charges higher rates for smokers, since they're at greater risk for everything. But how does the company find out who smokes, and who doesn't? A "smoker's questionnaire" only rewards dishonesty.

Another approach is to copy the automobile insurance companies and make health insurance experiential. The more you visit the doctor, the higher your rates go. Since many omnivores wind up with obesity, hypertension, CHD, diabetes, or cancer, a "meat-eater's questionnaire" could be dispensed with and dietary status would be largely self-revealing by higher utilization rates.

The Cato Institute suggests employer-funded Medical Savings Accounts (MSAs), similar to tax-free IRA accounts, in which workers would "effectively be spending their own funds for non-catastrophic health care," thus

³⁷Leutwyler K. *The Price of Prevention*. Scientific American. April 1995 pp 124-129.

restoring market incentives to control costs.³⁸ However, while seven states have now provided for MSAs in their income tax codes, federal tax law discriminates heavily against them in favor of traditional third-party insurance which "insulates consumers from the cost of their health care decisions."

A legendary Chinese system is sometimes mentioned: the doctor is only paid when the patient is well. But how many patients will admit they're well if telling the truth results in a doctor bill? Furthermore, wellness has little to do with doctors, and almost everything to do with lifestyle, diet, and exercise. Doctors are most useful in treating accidental conditions, and for these, they can easily be paid.

G. EMPIRE-BUILDING PROBLEMS

Other players emerge. There is now a little growth industry apparently determined to classify every human character disorder as a disease. "Alcoholism" is a splendid example. There are genetic predispositions to the inappropriate metabolism of ethanol, and on the basis of this, "specialists" in the "treatment" of "alcoholism" raid the treasury for funds. Authors³⁹ who point out that one cannot be alcoholic if alcohol and the volitional act of imbibing it are both absent get the silent treatment from the press and withering attacks by academics claiming special expertise in the field.⁴⁰ Neither side has apparently noted that there are few, if any, alcoholic vegetarians and that a common finding at meat-centered restaurants is a beverage list recommending which form of alcohol to consume with which fat-laden meat dish.

There's no limit to the money that can be thrown into the treatment of such "diseases"⁴¹ as alcoholism, anorexia-bulimia, cyclothymia, gambling, hyperactivity, obesity, obsessive-compulsive disorder, PMS, sexual addiction, and smoking for which the best treatment is peer pressure and a personal determination to change. However, each time disease status is achieved, costs are passed to the taxpayers, while the disease entrepreneurs become tenured. Skinnerian behaviorists⁴² to a man, they believe humans to be will-less automatons but miss the point that if we are all causal robots in a pre-determined world, then there's no sense trying to treat *anything*, since all outcomes are already foreordained.

H. UTILIZATION PROBLEMS

A segment of the U.S. population now regards the human body as a two-legged automobile. If something malfunctions, they take it to the mechanic. If the mechanic fails to fix it, a lawyer is then brought in to "fix" the mechanic. A scalpel left in a surgical abdomen is no doubt cause for legal action, but failure to eliminate low back pain is not.⁴³ The physician did not create back pain, the Great Zuzu did. Why not sue Zuzu? A hefty part of the

³⁸Ferrara P. *More Than a Theory: Medical Savings Accounts at Work*. Cato Institute, 1000 Massachusetts Ave. Washington, D.C. 20001. Mar 1995; Policy Analysis No. 220.

³⁹Fingarette H. *Heavy Drinking: The Myth of Alcoholism as a Disease*. University of California Press. Berkeley 1988.

⁴⁰Madsen W, Berger D, Bremy F. *Alcoholism a Myth?* The Skeptical Inquirer. 1990;14(4):440-42. Committee for the Scientific Investigation of Claims of the Paranormal. ISSN 0194-6730.

⁴¹Peele S. *The Diseasing of America: Addiction Treatment Out of Control*. D.C. Heath and Co. Lexington, 1989. ISBN 0-669-20015-8.

⁴²See note 22. *Encyclopedia Britannica*. Vol. 6, p 411.

⁴³*Doctors counterattack with countersuits*. Medical World News, 1977 Mar 21, p 66.

medical budget represents unnecessary tests⁴⁴ done to keep the physician out of range of another of Zuzu's mistakes: the legal profession. Lewin-VHI, a health care consulting firm, suggests that eliminating malpractice-defensive medicine could save more than \$38 billion over the next five years.⁴⁵

Because of the illusion that medical care is free, Health Maintenance Organization (HMO) patients will often demand unnecessary X-rays, an abuse that could cause some genetic problems in the next century. For instance, falls from a crib hardly ever cause a skull fracture, but anxious parents may insist on an X-ray, doubting the physician's judgement and apparently failing to understand that greater knowledge is needed for the same physician to read the X-ray after it's ordered than is needed to order it. Some parents seem to feel x-rays are therapeutic. Perhaps passing high energy photons through the brain will increase the child's intelligence?

"Better safe than sorry," says the parent after the X-ray is read negative. *Of course*, "better safe than sorry!" And better heads than not-heads, if you don't like tails. This nonsensical tautology is also extensively used by the walking well, arriving in the ER after a minor traffic crunch in which not even the car received visible damage. Further unnecessary x-rays are taken, that in the great majority of cases are of interest only to dueling liability lawyers.

One radiology text suggests that most ankle, bone survey, coccyx, lumbar spine, nasal bone, rib, sinus, and skull⁴⁶ x-rays are unnecessary, and that 30% of them are done for medico-legal reasons, not for good patient care.⁴⁷ Americans now use lawyers to solve their medical problems and doctors to solve their legal ones, with no obvious overall benefit to either their health or wealth.

Laboratory exams account for 25-30% of all health care costs.⁴⁸ In one hospital there was an 82% variance in ordering criteria among staff physicians. The high utilizers did not improve their quality of medical care, shorten hospital stays, or reduce mortality.⁴⁹

The common cold is caused by any of a myriad of viruses in the nose. Viruses are not affected by antibiotics, but when a patient gets penicillin for a cold, and the cold clears up as it always does with or without penicillin, that patient then joins the First Church of Penicillin, and henceforth will always demand penicillin when a cold comes along. Church members will complain loudly if the useless antibiotic is not given, but if it is given, doesn't work, or causes a serious drug reaction, there will be nary a peep. "Do something, Doctor!" is a cry dear to Church members, even if what's done makes the problem worse.

Members of the Society for the Medical Performing Arts, a related group, like to call the ambulance for trifling problems. ER physicians dread the sound of an ambulance coming up the driveway, not for fear of dealing with a serious case, but because about half the time a patient is only using the ambulance to make *le grande* entrance, after which he can hustle the hospital for a dubious admission. In Arizona in one year⁵⁰ there were 5,500

⁴⁴Dowling P, Alfonsi G, et. al. *An education program to reduce unnecessary laboratory tests by residents*. Acad Med 1989;64(7):410-2. ISSN 1040-2446.

⁴⁵Mayewski L, Dhru J. *A health care treatment*. Best's Review, 1993;94(2):36-44. ISSN: 0161-7745.

⁴⁶Hackney D. *Skull Radiography in the Evaluation of Acute Head Trauma: A Survey of Current Practice*. Radiology 1991;181:711-714.

⁴⁷Helms C. *Fundamentals of Skeletal Radiology: Unnecessary Examinations*. pp 1-8 W.B. Saunders. Philadelphia, 1989. .ISBN 0-7216-2346-8.

⁴⁸See note 468. Dowling.

⁴⁹Mayer M. *Unnecessary laboratory tests in diagnosis and treatment*. Harefuah (Israel) 1991;120(2):66-9. ISSN 0017-7768.

⁵⁰Valenzuela T, Criss E, Facter K, Spaitte D, Meislin H. *Medical versus regulatory necessity: regulation of ambulance service in Arizona*. J Emerg Med 1989;7(3):253-6.

unnecessary "code 3" (lights and siren activated) ambulance calls with a \$1 million bill to the state. In a Connecticut study,⁵¹ patients with private insurance made appropriate use of ambulances in 77.8% of cases, patients with Medicare did so in 65.8% of cases, and patients with Medicaid did so in 14.7% of cases. Approximately 20% of the observed misuse was related to alcohol intoxication.

Ivan Illich⁵² has pointed out that the sound of a siren in developing countries stifles the community's instincts to charitably take care of its own. In the U.S., that which began as charity now suffers thoughtless and selfish exploitation by the recipients.

One patient, after treatment for constipation, was asked why she had dialed 911 to get to the ER. "It was an emergency to me!" she replied indignantly. Well, yes, ma'am, but how emergent would you have defined it if you had to pay the ambulance driver before you got on board? And how many physicians can spend an hour haggling with the lady after disallowing her free ambulance trip, knowing she will likely invent further symptoms to justify it?

During a tour in Vietnam in 1967 I took care of bleeding civilian war casualties brought to the ER by hired pedicab. In this country constipation arrives by tax-supported state-of-the-art ambulance.

There are related and similar defects in workman's compensation programs. A cook who works for someone else will try for a week off after a 1 cm first degree burn. A cook who has his own business and a family to support will pitch out the doctor's work slip and go back to work with a broken leg. The system is rewarding those who magnify their illness. Many workers feel cheated if they don't take their full allotment of sick time and will exploit symptoms that others would hardly notice. Perhaps employers should simply tack on an extra week of vacation and give the employee the option of using it to play sick or take off for Acapulco.

The 1991 total employer's cost of workers' compensation was \$62 billion, up \$7 billion (12.5 percent) from 1990.⁵³ A recent report by the General Accounting Office indicates that fraud may account for as much as 10% of all health care costs.⁵⁴ Physicians are key players, but for the majority not actively padding the books, exposing compensation fraud is painful and occasionally hazardous; no bonus points are awarded. Fraud is predictable whenever the government decides that funds are to be taken from group A and given to the more deserving members of group B.

"If you have chest pain, see your doctor," is advice that floods emergency rooms with "the worried well," afraid they're having a heart attack. Psychiatric illness was present in up to 50 per cent of new patients attending a chest pain clinic.⁵⁵ In another study 40% of young adults presenting with chest pain were deemed to have no disease and to require no follow-up.⁵⁶

Americans have lost confidence in their health. To some extent this is the result of over-sell by the medical profession, but there's no reason they should have any confidence, either. They're overweight and out of shape, and they consume 500 mg cholesterol/day. The un-diagnosable chest pains may simply be a subtle and ischemic warning from nature that unless dietary habits are changed, there *will* eventually be a heart attack.

⁵¹Brown E, Sindelar J. *The emergent problem of ambulance misuse*. Ann Emerg Med. 1993;22(4):646-50. ISSN 0196-0644.

⁵²Illich I. *Medical nemesis: the expropriation of health*. Pantheon Books. New York, 1976.

⁵³Mandel C. *Solving the workers' compensation problem through coalitions*. Risk Management. 1993;40(4):77-82. ISSN 0035-5593.

⁵⁴See note 469 Mayewski.

⁵⁵Bass C. *Non-cardiac chest pain*. Practitioner. 1989;233(1464):352, 355-7. ISSN 0032-6518.

⁵⁶Luke L, Cusack S, Smith H, Robertson C, Little K. *Non-traumatic chest pain in young adults: a medical audit*. Arch Emerg Med (ENGLAND). 1990;7(3):183-8. ISSN 0264-4924.

I. PATERNALISM PROBLEMS

"All systems are evil. All governments are evil. Not just a trifle evil. Monstrously evil."

-John Gardner, *Grendel*⁵⁷

The widely lamented 39 million medically uninsured Americans⁵⁸ are not proof that universal medical coverage is essential, but, rather, evidence that human existence is possible without *any* coverage. However, advocates of universal medical insurance⁵⁹ make unwarranted and hidden assumptions that they never reveal, namely that since we're all eventually going to get dead, we're necessarily going to get sick first, and therefore the young and healthy should sacrifice their own family finances to foot the bills for the old. It's also assumed that we'll all want our chronic or terminal illness given aggressive and expensive treatment rather than inexpensive hospice support or merciful euthanasia, and that we are all so afraid of death that we're willing to bankrupt the country and saddle our grandchildren with paralyzing debt in order to fend it off. Those who do not agree with these assumptions will be taxed exactly as if they did.

There are solutions to most of the problems of life, but not by the government. The government *is* the problem.⁶⁰ While piously proclaiming "health for all," it uses our taxes to finance the very substances that cause disease. Then it abrogates the decision-making process by throwing life's *bon vivants* into the same insurance pot with the most abstemious health kooks (e.g., this author and many of this book's readers). That's probably rooted in some religious injunction to be one's brother's keeper, but the injunction is a cruel one, since it relieves brother of the vital necessity of learning to be his own keeper.

If the government got out of the "Health Care" biz, individuals could pick the healer of their choice, or none at all, and pay for the healer's service in accord with what it's worth. Medical insurance plans, a form of gambling in which you bet you'll get sick and the plan bets you won't, could compete in the free market with other companies and offer or not offer coverage for various "alternative healing" systems, that in turn would compete with M.D.s.

A free market process would then quickly establish that an experienced board certified trauma surgeon is the person to see after a bad auto crash. An orthopedist makes sense for a broken femur, and other surgical sub-specialists also do an honest day's work. But for the majority of currently fashionable degenerative diseases, a switch to an athletic, drug free, vegan lifestyle makes better sense than any nostrums in or out of the medical establishment.

SUMMING UP

The U.S. "Health Care" system is in trouble because:

1. The demagogues running it prefer catchy phrases (e.g., "health care' is a 'human right'") to plain English. The public has grown accustomed to government gobbledegook and also speaks it fluently.
2. Politicians are driven not by principle but by pressure, much of it generated by the very agricultural interests that create disease.

⁵⁷Gardner J. *Grendel*. Ballantine Books, New York 1972. ISBN 345-02876-7-095. p 104.

⁵⁸See note 441. Hoffman. pps 40 and 950.

⁵⁹Fein R. *Health Care Reform*. Scientific American. Nov 1992:46-53.

⁶⁰Bennett J, and DiLorenzo T. *Official Lies: How Washington Misleads Us*. Groom Books. Alexandria, 1992. ISBN 0-9632701-0-9.

3. The system itself, that seldom produces either true cures or life everlasting, has been over-valued by anxious unwell people who are indeed at high risk for disease and early death, in part because of item 2.

4. Nowhere in the system is there a financial incentive for good health. Lacking this, patients over-utilize prepaid medical services with enormous wastage. Drug companies, hospitals, labs, and physicians then over-charge for useless procedures, while the legal profession finds sustenance under every rotting stump.