

Peering Through the Portal of Time

By Robert J. Cihak, M.D.

If I had foreseen our current medical care quandaries when I started my internship in 1966, just after the enactment of Medicare, our situation would have seemed so outlandish and far-fetched that no reasonable person would ever think it possible.

In 1966, only those who knew what happened in communist dictatorships would have believed that any government would unleash a small army of secret bounty hunters on physicians, or would treat patients like cattle. Did anyone envision this for the American Medicare program? At least one did.¹

So, I venture some guesses as to what might come to pass, not as a prophecy, but as a projection of current trends.

Criminal Medical Frauds Exposed: Violators Rounded Up

Advarp News, Washington, D.C., Oct 8, 2036. At a press conference today, the Department of Entitlements announced widespread success in its first wave of arrests growing out of Medi-Sting, a previously covert healthcrime crackdown operation. Secretary Emma Picayune announced the apprehension and prosecution of 546,000 healthcare criminals. The majority of them were arrested for seeking unauthorized medical care. But some were apprehended for refusing to accept prescribed care—a policy implemented when disparities in the prevention of preventable conditions were uncovered.

Medi-Sting operations are the “first salvo in the new battle against healthcare crime,” Picayune said. “Now that President Boris Liberalman, M.D., has brilliantly identified the extent to which this cancer has spread to our vital organs, and prescribed adequate criminal penalties, we must cure it.” Healthcare crime seriously undermines President Liberalman’s vision for America, the New Reformed Society, she explained.

The program was mandated by Executive Order 34,234,322, signed 10 years ago by a previous Administration but kept secret until now under the New Openness Act. “Until the departments of Justice and Health and Human Services were merged to form the Department of Entitlements, our efforts were ineffectual,” Picayune said.

Picayune cited two examples. Outlaw patient Sally35970 had tried to cheat other members of her own Central Alliance by refusing to wait her equal place in line for the breast cancer surgery prescribed by the administrator of the Section 5002 National Equal Quality Management Council. An investigation found that Sally35970 had illegally signed into the Equality Veterinary Hospital seeking premature, unauthorized breast cancer surgery under the number of a neighbor’s legally registered companion animal. According to the Office of Animal Entitlements, such actions infringe on the rights of all species to equal treatment.

In another type of case, outlaw patient Sam45511 sought refuge in Hong Kong after refusing the gallbladder surgery prescribed by the administrator. “We have determined that optimal societal productivity and equity requires gallbladder surgery for everyone at age 47,” Picayune said. “In order to make sure the promised care is always there, it is necessary to require equal surgery by comprehensive official standards.”

She noted that the concept is endorsed by the Egalitarian Medical Association (EMA, formerly the AMA), which works under the direct

supervision of the secretary. “This is health care that not only can’t be taken away, it can’t be given up!”

The Secretary introduced Dr. Ernst Kapo, an undercover agent for the department. “Success would have been impossible without his efforts,” Picayune said. A cancer surgeon, Kapo had become a New Reformed physician, but he successfully posed as an illegal, underground Hippocratic physician. Such physicians had been banned because they refused to take the New Bio/Socio/Medical Oath, which required physicians to “first, last, and at all times seek the New Good, as determined by the administrator of the National Equal Quality Management Council.”

Kapo admitted he had once performed clandestine and illegal surgical operations on human patients in the Equality Veterinary Hospital. “Back in 2020, hanging on to an outmoded Hippocratic ethic, I illegally enticed patients to undergo curative surgery without obeying the Total Equality Initiatives,” he confessed. “But I have recovered from the underlying neurobiochemical condition formerly called ‘conscience,’ and I now see that helping patients should be subservient to our New Good.”

Picayune then commented that “equal treatment requires that patients as well as doctors comply with our mandates, so we had to crack down on patients also.” She praised the insightfulness of politicians who had increased the budget enough to investigate not only every healthcare provider but also to monitor every patient for healthcare crimes. In 2011 dollars, the allocation amounts to \$100,000 for each healthcare provider every 3 years. “This is a significant improvement from the early days of the 21st century, when we only had \$20,000 per doctor to spend on investigations over a six year period. We cannot yet divulge the amount to be spent on monitoring patients.”

Because the healthcare criminals were being prosecuted, they were unavailable for interviews. “New crime-fighting methods would be compromised by premature public disclosure,” Picayune said. In response to a question by a reporter about how these procedures were justified under the New Openness Law, she asked, “How can the public have confidence in us if we can’t keep necessary techniques in confidence ourselves?”

Another reporter inquired about rumors that several highly placed officials were not available because they had been apprehended as they returned from illegal medical treatment on clandestine hospital ships in the Caribbean. As he was escorted away, Picayune warned that reporters asking inappropriate questions had to be sequestered to clarify whether their New Truth credentials were adequate to continue attendance at press briefings.

According to a press release from the Capitol Recess Office, a Congressional, Cabinet, and Supreme Court recess was declared by President Liberalman so as “to not interfere with this breakthrough enforcement effort.”

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REFERENCE

1 Caine CW. Letter to Mississippi physicians, May 1, 1966. Available at: <http://www.aaponline.org/caine-letter-1966.pdf>. Accessed Nov 3, 2011.