

The Individual vs. the Collective

Melinda Woofter, M.D.

Benjamin Franklin was one of the most dynamic individuals of the American colonial era. He was an inventor, philosopher, and writer of enormous influence among his contemporaries. A political cartoon he first published depicting an angry rattlesnake with the motto "Don't Tread Upon Me" circulated like wildfire among the colonies and became a unifying symbol in the American struggle for independence.

Today, we recognize this drawing as one of our great icons of freedom. Each Fourth of July we fly this symbol proudly in our parades on yellow flags to remind us of our individual freedoms. Yet we are rapidly losing those very freedoms to a government that has brazenly overstepped its constitutional bounds. More and more we are told we must surrender our rights for the "greater good." At best, "greater good" is defined by a few holding the levers of power for their advantage. At worst, it is defined by the fickle "mob rule" of democracy. Americans are being coerced to homogenize. Individualism is being crushed in favor of forced collectivism. We must recognize this process and thwart these forces.

Originally, the American Declaration of Independence recognized that each individual was endowed with the unalienable rights of life, liberty, and the pursuit of property. But because some, shamefully, viewed slaves as property and might construe "property" as "slaves," the language was revised to read "the pursuit of happiness" by none other than Ben Franklin. As originally drafted, the Declaration of Independence correctly recognized that "property" was an unalienable right, and therefore people could not be limited on what they should earn, or have the fruits of their labor stolen and redistributed at the whim of government.

Much of the American medical system has become one giant wealth confiscation and redistribution fiasco. A large portion of each American's production is confiscated and used to fund and resuscitate failing government-mandated programs such as Medicare, Medicaid, and most recently the so-called Patient Protection and Affordable Care Act (PPACA or ACA) or "ObamaCare." Americans are forced to either pay up or face steep fines or imprisonment. What would Ben Franklin call our current situation? He would call it "indentured servitude." Worse, this indentured servitude shackles generations to come with crushing debts that can never be repaid. Is this justice? Indeed, no man is entitled to the fruits of another man's labor.

Nevertheless, government elites skillfully use repetitious talking points to propagandize the public into submitting to their notions of collectivist utopia. To further compel participation, psychological coercion and even physical violence are used. Collectivism is not the same thing as community. Communities

are voluntary arrangements of individuals. Collectives are not. Individualism and collectivism are polar opposites and cannot exist in harmony.

Collectivists do not quit. President Harry Truman first attempted to establish socialized medicine in this country nearly 70 years ago. He was rebuffed. Twenty years later, President Lyndon Johnson resurrected Truman's ideas and signed Medicare into law. The public was sold beforehand repeatedly on the notion that the government should provide medical care for elderly Americans. The doctors were promised easy money and that the government wouldn't interfere with the practice of medicine. Once these ideas took root, government-funded medical programs grew like a weed and allowed the federal government to entrap more and more Americans within a massive dysfunctional government healthcare monopoly. As the government seized control of more and more of medicine, as AAPS predicted would happen, patients and physicians lost their individual freedoms and became merely "consumers" and "providers" wedded to a collectivist state. Lenin strongly favored socialized, government-controlled medicine, and it was part of his agenda to achieve state control over everything. Lenin was no fan of Ben Franklin.

ACA, the most recent usurpation of medicine by collectivists, forces Americans to purchase health insurance whether they want it, need it, or can even afford it. Individual freedom has been trampled in favor of "public health" and "evidence based" paradigms. This is tyranny: the ultimate result of collectivism is tyranny.

To enforce a tyranny, a collectivist must have copious information. The ICD-10 coding system amasses all that personal health information from various databases—but the government cannot use that information unless it can create one global interconnected system. Allegedly, this new coding system will bring Americans "up to date" with the rest of the world. The ICD-10 system is wasteful, cumbersome, and unnecessary for good patient care. But the aim of ICD-10 is not to improve patient care—it is to create a central database that collectivists can use to control the public.

Under the Health Insurance Portability and Accountability Act (HIPAA), unique patient identifier numbers were proposed for every American. Fortunately, this aspect of the act was blocked by Rep. Ron Paul (R-Texas). At the time, suspicion of big government was still strong enough to put an end to the idea. However, as time has passed, collectivists have figured out a way to institute unique patient identifier numbers anyway. They have "outsourced" the problem to a non-government organization (NGO), the College of Healthcare Information

Management. Not surprisingly, this NGO is pushing for unique patient identifier numbers.¹

The government forced HIPAA on everyone with all propaganda guns a-blazing: HIPAA was ONLY about “protecting patient privacy” in a new age of the “electronic health record (EHR).” Physicians were bullied into complying and forced to suffer the psychological effects accompanying the uncertainty of meeting Byzantine and contradictory compliance edicts. No one can understand the mess—yet no one is allowed to plead ignorance. Annual fines of up to \$1.5 million can be imposed for inadvertent violations. These fines are the immoral seizure of property. Doctors and patients alike are also unjustly deprived of their property by being forced to spend time and money trying to comply with HIPAA. Yet, HIPAA does not protect the personal health information of anybody. Any outside entity can gain access to that information by claiming to be performing “research.”

To justify the shaky reasoning originally given to justify HIPAA—that we live in an age of EHRs—physicians are pressured into adopting EHRs even if they don’t need or want them. Paper files work just fine for many. Nevertheless, those still living in the age of paper are bullied, bribed, and cajoled into adopting EHR systems, even when those systems don’t work and never will work. The EHR does nothing to make patient care more personal, efficient, or affordable. It is, instead, strictly a tool of the government for control by instituting quotas and “quality measures” invented by bureaucrats to serve bureaucratic purposes. HIPAA and the EHR degrade physician-patient relationships and breed mistrust among those who have every reason to build trust with each other. The physician is distracted, fearful, less productive, and suffers emotionally as a result. Patients feel as though they are barely an afterthought after making their office visit. EHRs also don’t work. Because the government has paid enormous “incentives” (some would call them “bribes”) of billions of dollars to physicians to adopt EHR systems that don’t work, the government is now starting to demand those bribes be paid back for failing their Meaningful Use or HIPAA audits!

Government collectivists love to use physician licensure as a means of control and property confiscation. In the past, doctors could complete medical school, a residency, and pass board certification and practice medicine for the rest of their lives. Good doctors retained patients. Those who were not as good or who did not keep up with technology lost patients to someone better. That’s not good enough for collectivists and their cronies, who are seeking to steal property for their own benefit.

Doctors are now subject to lifelong waves of expensive testing and “quality” measures, such as endless Maintenance of Certification® (MOC) hurdles. MOC is often a requirement to maintain hospital privileges, third-party provider status, and even professional liability coverage. There are proposals to require it for state licensure. Physicians who choose not to participate are labeled as “non-compliant” and are having their certifications yanked away—even as they continue to give impeccable care to their patients. As a result, they face

unjustified financial loss and loss of reputation.

The American Board of Medical Specialties (ABMS) insists that the “public” demands these measures, but the public doesn’t know that MOC participation has never been proven to improve doctors’ performance or clinical acumen. Personally, I can attest that no patient has ever asked me whether I was board certified or participating in MOC. All they care about is that I am a competent doctor and I can help fix their problem. Repeat testing for board certification and participation in MOC have done nothing to help make me a better physician, although I have been forced to spend thousands of dollars and countless hours away from my practice and family to maintain this requirement.

Since the beginning of time, businesses have succeeded or failed by following the process of natural price discovery. Those who set a price too high risk losing customers to competitors who can provide the same product or service for a lower price. Those who set a price too low can’t make enough to pay their bills, and go out of business. Government collectivists love to short-circuit the process and set their own prices. They bribe businesses or customers with promises of “something for nothing” to go along with their market interference. Businesses such as hospitals or insurance companies are guaranteed a revenue stream without having to compete for customers. Patients are promised a “free lunch.”

In Medicare, Medicaid, and “ObamaCare” exchange programs, prices are set with a fee schedule that reimburses the physician’s services well below market value. Physicians who accept these programs are also subjected to expensive, onerous, and contradictory regulations, and constantly at risk of being accused of “fraud” for simple coding or billing errors. Many physicians are finding it better to retire early or “opt out” of these programs altogether as a matter of financial survival and maintaining personal sanity. “Not so!” say the collectivists, who propagandize the public into believing such physicians are “greedy,” and who are openly suggesting that ALL physicians be forced to participate in these programs or face professional ruin and imprisonment. Such is the way that collectivists, when their propaganda and bullying fail, resort to threats of violence. To destroy a peaceful person’s livelihood and to threaten a person with jail time, simply because they do not wish to offer their talents at a material loss, is an unconscionable form of tyranny.

Medicine is always a synthesis of discovery between the physician and the patient. A patient has a medical problem and seeks out the best expert he can find to help with that problem. What that patient is willing to pay for that advice and what that expert is able to charge for dispensing that advice is always fluid. If a physician sets a price too high, he is out of business. If he sets it too low, he is also out of business. A customer who demands too much for too little will not get the expert care he needs. No interloper can come in and “correct” this situation without creating losses for someone. Either the physician is forced to provide a service at a loss, or a customer is forced to pay for something he doesn’t want. The only one who “wins” is the collectivist—who siphons value from both sides and grows

in power. To maintain this power, the collectivist conditions both physician and patient to live in fear. Physicians are tracked and profiled with billing codes they are forced to use. They are under constant threat of audits and fines. They are treated as guilty until proven otherwise. Patients are taxed or made to purchase expensive insurance plans with coverage they don't want or need—such as mental health care, infertility treatment, colonoscopies, etc. The collectivist propagandizes patients into believing that their coverage is much better than it actually is, and then into blaming the physician when he can't deliver the results.

Even if the physician were to work without payment, that would not be good enough for the collectivist. One needs only to look at the case of the Little Sisters of the Poor to understand that what is really going on has nothing to do with healthcare and everything to do with control. The Little Sisters of the Poor provide free health services for the elderly poor. One would think the Little Sisters would be esteemed by those very collectivists who have captured the reins of government to make healthcare work for "our benefit." Not so! It is not enough for someone to work without compensation, providing medical assistance to another. The collectivist demands that the services be provided their way—even if it violates the conscience of those who do the work. The "crime" of the Little Sisters of the Poor is that their health insurance does not include contraception—because they do not believe in it. They also oppose abortion, another view that collectivists cannot tolerate. AAPS filed an amicus

curiae brief challenging the violation of religious conscience (*Zubik v. Burwell*).²

Ultimately, it is not just your property or even your livelihood that collectivists are seeking. With the tried-and-true weapons of propaganda, bullying, and threats of physical violence, they will not be satisfied until they have stolen your mind, your heart, and your very soul. This was certainly Lenin's objective. The process never delivers the advertised benefits, and leads only to abject misery.

What is the answer? Spread the message of freedom every way you can. Use social media, use e-mail, distribute pamphlets, and network. Be pithy and funny, and don't be bashful about it. The message will resonate with most people. The antidote to Lenin is Franklin. Continue telling the world, as Franklin did: "Freedom is not a gift bestowed upon us by other men, but a right that belongs to us by the laws of God and nature."

Melinda Woofter, M.D., practices dermatology in Granville, Ohio, and serves as president of AAPS. Contact: mwoofter_mdc@windstream.net.

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AAPS PRINCIPLES OF MEDICAL POLICY

Medical care is a professional service, not a right. Rights (as to life, liberty, and property) may be defended by force, if necessary. Professional services are subject to economic laws, such as supply and demand, and are not properly procured by force.

Physicians are professionals. Professionals are agents of their patients or clients, not of corporations, government, insurers, or other entities. Professionals act according to their own best judgment, not government "guidelines," which soon become mandates. Physicians' decisions and procedures cannot be dictated by overseers without destroying their professionalism.

Third-party payment introduces conflicts of interest. Physicians are best paid directly by the recipients of their services. The insurer's contract should be only with subscribers, not with physicians. Patients should pay their physician a mutually agreed-upon fee; the insurer should reimburse the subscriber according to the terms of the contract.

Government regulations reduce access to care. Barriers to market entry, and regulations that impose costs and burdens on the provision of care need to be greatly reduced. Examples include insurance mandates, certificate of need, translation requirements, CLIA regulation of physician office laboratories, HIPAA requirements, FDA restrictions on freedom of speech and physicians' judgment, etc.

Honest, publicly accessible pricing and accounting ("transparency") is essential to controlling costs and optimizing access. Government and other third-party payment or price-

fixing obscures the true value of a service, which can only be determined by a buyer's willingness to pay. The resulting misallocation of resources creates both waste and unavailability of services.

Confidentiality is essential to good medical care. Trust is the foundation of the patient-physician relationship. Patient confidences should be preserved; information should be released only upon patient informed consent, with rare exceptions determined by law and related to credible immediate threats to the safety or health of others.

Physicians should be treated fairly in licensure, peer review, and other proceedings. Physicians should not fear loss of their livelihood or burdensome legal expenses because of baseless accusations, competitors' malice, hospitals' attempts to silence dissent, or refusal to violate their consciences. They should be accorded both procedural and substantive due process. They do not lose the basic rights enjoyed by Americans simply because of their vocation.

Medical insurance should be voluntary. While everyone has the responsibility to pay for goods and services he uses, insurance is not the only or best way to finance medical care. It greatly increases costs and expenditures. The right to decline to buy a product is the ultimate and necessary protection against low quality, overpriced offerings by monopolistic providers.

Coverage is not care. Health plans deny payment and ration care. Their promises are often broken. The only reliable protection against serious shortages and deterioration of quality is the right of patients to use their own money to buy the care of their choice.