

Government Care versus Freedom

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The practice of medicine is quickly changing.

The faltering economy, increased interference by government and third parties, lowered income, and the toxic medical liability climate have all resulted in many physicians leaving private practice for the perceived security of employment and a regular salary.

As recently as six years ago, two-thirds of physicians worked in their own practices. It is estimated that within two years that will only be one-third. This loss of physician independence will ultimately be hazardous for patients.

Why did the political leaders of the last century believe that huge government programs were necessary for providing medical care? Why were the former social safety nets of church and community considered inadequate? Why did they believe that we must relinquish individual ownership and embrace collectivism? We were told that individualism was selfish and that wealth must be redistributed to achieve the common good.

Those who love liberty must realize that the genius of America was its foundation in Judeo-Christian roots, and that as we lose that foundation we can no longer mount a defense against encroachments on our liberties. The opening remarks to Cecil B. DeMille's 1958 film *The Ten Commandments* read: "The Ten Commandments are not rules to obey as a favor to God. They are the fundamental principles without which mankind cannot live together."¹

Turning the Ten Commandments Upside Down

"Woe to those who call evil good and good evil."

— Isaiah 5:20

One way to evaluate what has happened in the past 40 years would be to look at the Ten Commandments, written thousands of years ago. We have disregarded them and have turned them upside down, nowhere better illustrated than in the politics of medical care. Whether one subscribes to the tenets of the Bible or not, the Ten Commandments remain a major guide for a civil society. Or do they?

Starting with the 10th Commandment, "thou shalt not covet," we are being taught to believe that if the millionaires would just pay their fair share of taxes, Medicare and Medicaid would be fully funded. Our President has talked about "spreading the wealth around," giving the impression that he is on the side of the poor. "Social justice" and wealth redistribution seem easier to champion than hard work, risk taking, true wealth creation, and smaller, less intrusive government.

The 9th Commandment tells us not to lie. Politicians build on the lies that evoke envy—that the poor are victims of those who would oppress them—especially big business and "greedy" employers. They tell us that we have the "right" to take from the labors of others, and that we have the "right" to medical care. Any discussion of the inevitable insolvency of the three big

entitlement programs, Medicare, Social Security, and Medicaid, is met with anger and derision.

The 8th Commandment says, "Thou shalt not steal." But we do not object when our politicians pass laws that take from our neighbors so that big government programs will meet our own needs. Patients exaggerate their symptoms in the hope that they can collect disability—even while they take jobs "under the table." Lawyers boast about their ability to help patients qualify for Social Security Disability Income (SSDI) and get on the fast track to early Medicare.

Everyone has a right to be happy, we say, so the 7th commandment is no longer a top priority. "Thou shalt not commit adultery" seems like a prudish approach to life when temptation arises, and it is increasingly acceptable to break one's vows. There are many ways people justify the breakup of families, and the whole society becomes more disjointed, more self-centered, and less civil.

Most people do not feel that they are guilty of breaking the 6th Commandment, "thou shalt not murder," yet slander, or murder of a person's good name, abounds, for example in demonizing people trying to develop thoughtful solutions to Medicare problems. Abortion and advocacy for assisted suicide and "terminal sedation" are trends that show an increasing acceptance of the taking of human life.

The 5th Commandment tells us to honor our father and mother. We have lost sight of this as we look for others to care for them in their old age, as in nursing homes, which did not even exist 100 years ago. Half of the Medicaid budget in each state is now devoted to elder care. Lawyers have taught us ways to hide the assets of our parents so that taxpayers will foot the bill, and we can abdicate responsibility.

The 4th, 3rd, 2nd, and 1st Commandments concern man's relationship to God. Avoiding weekly worship, misusing the name of God, setting up idols to replace God, and setting up institutions for people to turn to instead of trusting in God, are what people do when they choose to leave God out of the equation. But even those who do not believe in the God of the Bible benefit when people form a community with a strong emphasis on family stability, trustworthiness, honesty, integrity, hard work, and fair contracts. There is no question that the Founding Fathers believed that "God shed His grace" on these United States.

When Big Government replaces God, we face a loss of ownership, freedom, and ultimately a loss of security. We reject an all-knowing, all-powerful, loving, and just God and replace Him with an "all-knowing," intrusive, controlling, and ultimately corrupt government. This form of idolatry ultimately enslaves.

Weakened, compromised churches worry that discussions perceived to be too political might jeopardize their tax-exempt status. The secular medical community dismisses discussion of our Founder's principles as too religious and thus primitive and irrelevant. And so the inversion of traditional morality is seldom noted.

More Bureaucracy, Less Care

In 1963, in arguing against big government involvement in medicine, AMA spokesman Dr. Edward Annis gave a speech in an empty Madison Square Garden in New York City. President John F. Kennedy had just delivered a rousing appeal to the packed auditorium declaring why the Medicare program would be a good thing. Instead of making the opposing viewpoint easy to hear, the television networks refused to allow Dr. Annis equal time, so the AMA had him televised for broadcast the next evening. His words were prophetic:

This bill will put the government smack into your hospitals, defining services, setting standards, establishing committees, calling for reports, deciding who gets in and who gets out, what they get and what they don't, even getting into the teaching of medicine and all the time imposing a federally administered financial budget on our houses of mercy and healing.²

Heard before the largest television audience to that date, Dr. Annis was able to stave off the Medicare and Medicaid programs for two years, but in 1965, two years after the Kennedy assassination, President Lyndon Johnson and Congress passed Medicare. By 1990, Medicare and Medicaid were already costing 10 times the amount projected, and they now threaten to saddle the next generation with a debt that will be impossible to pay back.

In 1973 President Richard Nixon apparently bought the lie that wellness and prevention ought to be the basis of our medical system, rather than just treating people when they got sick. It was claimed that placing the onus on the physicians and medical plans to keep people well would lower total medical costs. This simplistic notion ignores the fact that 70 percent of illness is largely related to behavior. Nixon initiated the system of Health Maintenance Organizations (HMOs), not only pouring millions of dollars into these highly bureaucratic entities, but also mandating that every company offer an HMO as a benefits option. This led to the establishment of perverse incentives under which physicians were rewarded for providing less medical care. It also began the downward spiral of the role of the physician as captain of the medical care team. Chided for concentrating on illness rather than prevention, physicians were increasingly encumbered by more chores, more documentation, increasing costs, and lowered payments.

But that was just the beginning. The Progressives were not satisfied to have a federal program for just the elderly and the poor, but wanted it to extend to all. Today, under "ObamaCare," Accountable Care Organizations are being designed as collective medical care delivery systems that reward physicians with extra bonuses if less money is spent.

In 1994 AAPS took part in an epic battle to thwart those who would take the control of medical care out of the hands of physicians and patients and place it firmly in the hands of bureaucrats and politicians. Enough physicians recognized the danger of ceding total control to the government, and spoke out against being told how to practice their profession. "HillaryCare" was defeated. I was reminded of Dr. Hendricks in Ayn Rand's *Atlas Shrugged*. The fictional Dr. Hendricks had quit medicine, stating that he would not place his skills and education

...at the disposal of men whose sole qualification to rule me was their capacity to spout the fraudulent

generalities that got them elected to the privilege of enforcing their wishes at the point of a gun. I would not let them dictate the purpose for which my years of study had been spent, or the conditions of my work, or my choice of patients, or the amount of my reward.³

In 1994 Dr. Miguel Faria, a neurosurgeon, wrote *Vandals at the Gates of Medicine*, in which he explained that the conflict involved two rival ideologies. The first, he writes, "restores the sacrosanct patient-doctor relationship based on genuine medical ethics, [and] preserves fee-for-service medicine," in which medical care is based on genuine trust and compassion. Also it "corroborates the sanctity of voluntarily entered private contracts and free associations, advocates free market incentives, and espouses civil liberties concomitant with individual responsibility."

The second ideology, he explains, "represents the power of an increasingly omnipotent government, dictates medical practice and patient care, mandates coercive compassion, responds not to market forces but to the pressure exerted by special interest groups, and insists on statism and socialism so that our lives are stifled by regulations and control."⁴

Dr. Faria, who witnessed the horrors of totalitarianism and escaped from Cuba in a small boat at age 13, went on to admonish those physicians who would stand idly by, quoting Dante: "The hottest place in Hell is reserved for those who, in times of great moral crisis, maintain their neutrality."⁵

The Roots of the Problem—Increasing Government

It has taken 40 years for the escalating costs of Medicare and Medicaid to reach crisis. Infinite demand for "free" or "covered" care, diminishing fee schedules, overburdening of the taxpayers, and impending state bankruptcies have made the looming specter of "ObamaCare" even more horrifying.

Nurse practitioners, initially trained to take orders, have been thrust into the roles of diagnosing and treating, relying on algorithms and stepwise approaches to caring for patients. Nurses are much less likely to question authority and think independently. And their training is completely different, with minimal exposure to the signs and symptoms of more unusual diseases. They miss things. But when the government is paying the bills, that might not be considered a bad thing.

Mandatory maintenance of certification (MOC) is another way to enforce conformity where the "correct" answers might deviate from those of the conscience of the practitioner. Although there is little evidence that this expensive and time-consuming ritual actually improves patient outcomes, specialty boards are asking that it be done more frequently. The only cause for hope here is that MOC is controlled by physician groups and can still be reversed without asking legislators to pass laws. The next step, still worse, is mandatory maintenance of licensure (MOL), which would make state-issued medical licenses dependent on giving the answers that authorities consider to be correct. The very ability to practice medicine legally could soon be held hostage to the vagaries of political correctness—a dangerous development indeed.

Hospitals, once important allies of physicians, have now become competitors and are seeking integrated payments—so that they will control the purse strings and pay the physicians.

Politicians, accepting the premise that physicians are the cause of increasing medical costs, are listening to the hospital administrators and lawyers. The independence of the physician will be all but destroyed.

The medical liability system, protected by today's legislators, is driving up the cost of care. An estimated fourth of the medical dollar goes to extra testing to ward off potential lawsuits. This, along with the psychological toll inflicted on the physician, has made the practice of medicine unpleasant enough to cause too many physicians to retire early.

More Record-Keeping

The push for electronic medical records in the name of efficiency is an expensive, unwieldy way to monitor and control physicians. Privacy in the age of WikiLeaks is a promise that cannot be kept. It is also a way for bureaucrats to increase their demands on the physician.

One local hospital recently notified physicians that it is planning to step up the monitoring of physicians' practices. The Joint Commission on Accreditation of Health Care Organizations (JCAHCO) is asking that an Ongoing Professional Practice Evaluation (OPPE) be completed at our biannual reappointment to the medical staff. The hospital asked that we produce, within 14 days, the names of five patients whom we have seen at the hospital. Physician auditors will review them "confidentially," and let us know what infractions we have committed.

We were also furnished with a list of deficiencies—mine had one patient record in which I had not signed and dated a written order. They had also reviewed 143 verbal orders in one month, and gave a detailed accounting of those that were signed and dated within a specified time, and whether the order-taker signed and dated them as well. They clearly pointed out that order-takers were compliant and I, the physician, was not. But they did not demonstrate how a patient had been harmed by any of these lapses. One can only wonder how many nurses, doctors, and secretaries had to be hired to conduct such surveys, and at what cost.

This is a perfect demonstration of "Gammon's Law of Bureaucratic Displacement," defined as the "progressive displacement of productive activity by nonproductive and often counterproductive bureaucratic activity." Bureaucracy tends to exclude individual initiative. This is not to be confused with administration that guides and facilitates an enterprise—the opposite of bureaucracy. Bureaucracy is not good for patients; it takes the limited resource of our time away from direct patient care and fills it with ever increasing paperwork demands.

Max Gammon was a British physician who analyzed the medical care system of his country. When the British National Health Service was established in 1948, there were 480,000 hospital beds. By 2000 the number had fallen to 186,000. Just under 1 million people in Great Britain are waiting for a hospital bed. The staff of the NHS went from 350,000 in 1948 to 882,000 in 2002, the greatest numbers being in administrative bureaucracy. One commentator noted that the NHS had provided "a culture medium for the uncontaminated growth of bureaucracy." And the saddest part is that all of this requires diversion of limited resources and becomes an economic black hole where money simply disappears.⁶

A Way Out

Is there a way to reverse these trends? Is there a way to deliver medical care in a more efficient, non-bureaucratic way? I propose that it can be done, but we must start with changing the way we care for the poor. All other reforms will follow.

When government uses coercion through mandatory taxation to provide charity, the results are less than charitable. Helping the poor becomes a job with benefits, and the costs become burdensome to the taxpayers. Government social work employees are often not empowered to use their judgment, recognize the root causes of poverty, and customize their approaches to help.

So what would happen if we returned to the era before 1965, when charity was not an entitlement, but a voluntary giving by members in the community to those identified as being in need?

The poor do not need a one-size-fits-all program, as people are poor for many varied reasons. Some have become ill and cannot work or care for themselves. Some are caretakers of ill family members and do not get a paycheck or benefits. Some have made poor decisions and are dealing with the consequences. Some truly cannot find jobs, while others simply prefer staying home to going out to work.

Real Charity, Real Medical Care

Inspired by the writings of Marvin Olasky's *Tragedy of American Compassion*, my husband John, a family practitioner, and I founded the Zarephath Health Center on the grounds of a church, beginning operations in 2003. It has a 501(c)(3) charity status and operates completely by private donations—with no taxpayer dollars. In fact, we would turn down taxpayer dollars, as we firmly believe charity should be voluntary. No physician or nurse gets paid, and they earn their living elsewhere. Thus the costs incurred are minimal, currently \$13 per patient visit.

When patients arrive in the waiting room, a verse stenciled on the wall in the waiting room reads, "Come unto me, all you who labor and are heavy-laden, and I will give you rest (Jesus)."

Patients are greeted by volunteers who are there because they choose to be. Recognizing that the poor come in many varieties, volunteers set about seeking ways to connect with them and demonstrate that they are not alone. Volunteers help their poor neighbors in ways that lift them out of poverty, help them feel an important part of the community, and challenge them to take the necessary steps to improve their lot. Volunteers help them develop the character traits that will lead to self-sufficiency and growth. Support groups have been formed for mothers with small children, families in crisis, and families dealing with aging parents, substance abuse, and homelessness. Communities have come together to help.

Then a nurse and a physician see the patient to handle common complaints such as a sore throat, bronchitis, hypertension, diabetes, thyroid disease, and sometimes illnesses that are more serious and life-threatening. We bind up the wounds of their limbs and their hearts. The church has a food pantry and a clothing thrift shop where some people pay a few dollars for clothes, and many can get them for free. There is varied help for very different types of people.

Where do the patients come from? Mostly they find us by word of mouth, but patients are also referred by the Medicaid office, as physicians who take Medicaid are becoming scarce. Patients are referred by government social service agencies, judges, parole officers, other charities, the unemployment office, and hospital emergency rooms. Hospital psychiatrists send patients in need of follow-up care. Unfortunately, we have no volunteer psychiatrists. The clinic is open 12 hours a week and sees 300–400 patients per month, filling a much-needed gap in the established safety nets. In fact, we consider it the safety net of the government safety net.

Can the Poor Get Help Without Big Government?

When discussing “entitlement reform,” politicians constantly speak of Medicare and Social Security, seemingly ignoring the biggest state budget buster, Medicaid. Medicaid was started in 1965 at the same time as Medicare, with the ultimate goal being universal medical care for all. Once the seniors and poor were covered, it was assumed that the taxpayers would want the same coverage for themselves. But things did not turn out as expected. Government involvement in medicine led to increased demand and increased costs. Government mandates led to medical insurance becoming unaffordable so that today 25–30 percent of state residents are on Medicaid. It is a vicious cycle.

Of the three big federal social programs, Medicaid makes the least sense. Medicaid attempts to provide “insurance” for the poor, when the poor simply need medical care. The poor have no assets to protect, thus making insurance unnecessary. Feeling helpless and alone, the poor have been urged to look to the government for help—and are often rebuffed by a cold bureaucracy that feeds itself first and only pretends to compensate the actual caregivers, thus providing sporadic medical care to the poor. Furthermore, giving a “benefit” to those who qualify by failing to make wise choices or becoming involved in alcoholism and drug addiction only traps them in dependency and misery. The Medicaid system is hopelessly flawed, yet currently consumes up to one-third of a state’s budget. There must be a better way.

The New Jersey Volunteer Physicians Protection Act

In New Jersey a plan is being developed that would usher in the return of real charity. It would rely not on taxpayers but on the good will of Americans. Relieved of the burden of crushing taxation, the people will be free to volunteer and donate to the charity they believe in. Communities would revive, and the economy would rebound.

The plan has been named the Volunteer Physicians Protection Act (VPPA), though the legislation has not been completely written as of the summer of 2011. Endorsed by at least eight New Jersey state legislators, the simple concept would be for free, non-government clinics to form all over the state, located in churches or community centers. When people find themselves poor and without means to pay for medical care, they would be directed to such a clinic to access free care. We would ask for physicians to donate four hours per week in such a facility. The only role of the state government would be to extend free medical malpractice coverage to the entire practice of the physician who volunteers.

This would accomplish three positive goals—better access to medical care for the poor, lower costs to taxpayers, and lower office overhead for the physician who volunteers.

Restoring the Physician as Captain of the Medical Team

A greater result of the VPPA would be the return of control of medical practice to the physician. Bureaucracy would be minimal. Since there is no billing, there would be no need for CPT codes, ICD-9 or ICD-10 codes, and other unnecessary bits of information that crowd the physician’s brain when he ought to be focusing on the patient. Patients would be grateful for the care they receive, knowing that the physician is working for no compensation.

Volunteers (Baby Boomers are retiring at the rate of 10,000 per day) would have the opportunity to serve alongside compassionate physicians, seeing how they work and how they care. The private practice of the physician would be enhanced as word of mouth lets the community know which physicians have good skills and a kind heart. Patients who transition out of the free clinic would gravitate to the same physicians, paying cash to see them. Good will would flourish, and the communities would thrive.

As the government system fails due to its top-heavy bureaucracies, patients will be looking for someone who is available when they become ill. Taxpayers will demand that their legislators stop trying to micro-manage medical insurance, allowing them to buy the policies they want, with the deductibles they want, with the coverage they want, from the company they want in the state of their choice. This will restore the free market, which economist Milton Friedman pointed out will increase productivity and lower overall costs.

Conclusion

In the opening of *The Ten Commandments*, Cecil B. DeMille parts the curtains on the screen and steps out to speak to the audience. “Ladies and gentlemen, young and old, this may seem an unusual procedure, speaking to you before the picture begins.” He then gives his reason for creating the film. “The theme of this picture is whether men ought to be ruled by God’s law or whether they ought to be ruled by the whims of a dictator like Ramses. Are men property of the state, or are they free souls under God? The same battle continues throughout the world today.”¹

Our nation has only two choices: increasing government or increasing freedom. It requires making a choice between accepting the dictates of the current incarnation of Ramses, or being free to practice the morality that will impel us to live responsibly, prosperously, and in harmony with our fellow citizens.

The Association of American Physicians and Surgeons stands for freedom.

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