

Ideology and Strategic Silence

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Technology has come a long way in the last 20 years since I finished my residency in anesthesiology and critical care medicine at Johns Hopkins University.

Back then, in the early 1990s, people actually read newspapers, journals, and magazines on paper; it took more effort to put out publications, and a great deal of effort was exerted by editors and writers to effect a “scientific” balance for the reader. Even when tackling political subjects, there was a professional pride and ethos that imparted an implicit demand for honesty.

Today, we live in a world of cyber particles and LED screens, pushing an overload of information that requires no more than the push of a button to instantly send out information to literally millions of potential recipients and readers. In the modern medium of publishing, it is easy to cover a broad breadth of subjects, and even easier to be prolific—something which can potentially be a very good thing in the field of medicine. The 21st-century physician must be in command of the latest breakthroughs, medical innovations, pharmaceuticals, and even political machinations, all of which have profound implications for the delivery of medical services and bedside care.

If you research the writings of the American Medical Association over the last few years, since the topic of healthcare reform and health insurance reform have resurfaced in the political arena, you will notice a very marked bias in their writings. This is old news, right? Everyone knows that today’s AMA is a left-leaning organization, which believes in “universal,” socialized-type medicine at virtually any cost.

We must remind ourselves, however, of how far the AMA has veered from its historical path. There was a time when the AMA did not vote pocketbook over principle, and did not promote the expansion of the third-party system for payment of medical services. This is eloquently shown in the Great Medicare Debate videos of 1962, featuring speeches in Madison Square Garden by President John F. Kennedy¹ and Dr. Edward Annis,² who later became president of the AMA, presented last year by Dr. Alieta Eck, when she was president-elect of AAPS.

By 1983, the situation had changed. AMA entered a little-known pact³ with the precursor to the Centers for Medicare and Medicaid Services, then known as HCFA (Health Care Financing Administration), giving it the exclusive right to royalties from copyrighting the medical billing codes used by all health insurance carriers in the United States, the Current Procedural Terminology (CPT) codes. This was brought to light through the

original research and investigation done by AAPS General Counsel Andrew Schlafly.⁴ This monopoly on CPT codes brings the AMA revenues of an estimated \$70 million to \$100 million annually. Note that the AMA has a membership base of only about 15 percent of all practicing American doctors at best; this membership has been declining over the years, and these royalties to the AMA have precluded a need to cater to the needs of the majority of physicians in independent practice.

The AMA endorsed the so-called Patient Protection and Affordable Care Act (PPACA), and despite widespread opposition among physicians, AMA and state medical society publications show that the AMA federation remains in promotion and implementation mode.⁵⁻⁷

What may be less obvious but no less interesting is the coverage of healthcare reform by third-party journals and magazines, which cater to those in the fields of nursing, medicine, outpatient surgery, and biomedical products. These publications may have an obligation to stay neutral in the debate, but no reader could possibly ignore the paramount significance that reform attempts have on every aspect of the American medical system. There is clearly an onus, even an imperative, to discuss medical insurance reform, tort reform, interstate health insurance competition, scope of practice barriers between physicians and non-physicians, and so forth. Medical editors would have to consciously work very hard to avoid including the healthcare reform debate in their publications, but many have done just that by exercising perhaps the most powerful journalistic tool at their disposal: silence.

Type “healthcare reform” into your search engine along with the name of one of the many trade journals or medical newsletters to test my premise. Many of the largest such periodicals have proven themselves irrelevant, as demonstrated by the words “there is no match for your search” coming on screen.

Others, like the American Academy of Neurology’s newsletter, have embraced the position that ideology simply does not matter. Bruce Sigsbee, M.D., titled his President’s column “AAN Advocacy Focuses on Patients and the Profession, Not Ideologies.”⁸ Apparently, it might be considered impolite to talk about how the ideology of government-run medicine would negatively affect patients and the profession. Pretending that ideology does not matter will not help patients who will be victims of government-rationed care when “universal coverage” does not equate with “universal access.”

Silence is a powerful weapon in our age of rapid communication; many in positions of influence, such as medical editors and local medical society directors, have evidently decided to ignore PPACA, hoping that the Act will be quietly implemented and transform society to their liking. Rather than shed light on the most important transformative process in the lives of any practicing physician (or patient), they have focused their attention on lesser local, state, and federal legislative issues. One is reminded of the metaphor of a squirrel busily storing nuts under a tree that is shaking with every movement of the hacksaw at its trunk. Even though the ground is shaking and leaves are falling at a precipitous rate, the animal goes about its daily business as if nothing new is happening at all. Dutiful observers can see the bigger picture as the tree is felled and the landscape is re-shaped around it, making any concern over lesser housekeeping chores irrelevant. Are physicians being fooled by this charade?

Of late, it seems political leaders in and out of the field of medicine are repeating the line “we need reform anyway” to justify the shortcomings, under-estimated costs, and trampling of liberties contained in the thousands of pages of PPACA. Censorship by silence may be rationalized on these dubious grounds.

Even President Obama himself is loath to talk about his “signature achievement,” hoping that individuals affected won’t look at it too carefully or will simply forget about it until it is fully implemented and it is too late to turn back. The president has fully invested in silence—and generous waivers to those who might not otherwise be silent, apparently in the hope that the referendum on “ObamaCare” in the November 2010 mid-term elections won’t be repeated in the upcoming presidential election.⁹

PPACA has divided America. Regardless of the outcome of the legal challenges destined for the Supreme Court, the contentious law designed to gradually centralize and nationalize the way medical care is delivered and paid for in America is sure to dominate the 2012 election cycle.

Some may disagree on the legality of its application of the Constitution’s “Commerce Clause,” but none can disagree that PPACA seeks to dominate, control, and “manage” American medicine from a more centralized, federal focal point and in a way unprecedented in U.S. history. Recent rulings on PPACA by the federal Eleventh Circuit Court in Atlanta and a federal District Court in Pennsylvania found that the Act’s individual mandate, demanding that each American buy a health insurance contract from a government-approved private company, is unconstitutional. This affords some degree of comfort to those who still believe in the U.S. Constitution as supreme law of the land. The Eleventh Circuit also ruled, curiously, that despite the absence of a severability clause in the law, the rest of the law could be implemented without the individual mandate component. Could PPACA survive legislative funding cuts, or the loss of premium revenue from those

who buy insurance only because of the mandate? The U.S. Supreme Court will decide the fate of the mandate. But will the true enemy of the patient-physician relationship, regional accountable care organizations (ACOs), live on regardless of a Supreme Court decision or a change in the presidency?

After the rushed passage of the bill by Democrats only, after secret meetings, leftist Democrats are worried about their political survival. Medical society leaders and editors who supported it may also be nervous. Those who crafted the bill, alleging that it was adequately funded, apparently thought it could hobble through the next electoral cycle before the consequences of full implementation could be seen. Heightened attention about our national debt crisis may thwart their intentions.

Regardless of their political persuasion, informed observers can see the corrupt process by which this bill was enacted. The haste was needed to accomplish the enormous power grab needed for the socialist agenda. Republicans who took over control of the House of Representatives in 2010 have made attempts to reduce the impact, but corrupt forces are deeply entrenched.

Make no mistake about it: the elite minority who control the medical establishment in America do so with unyielding focus on their political agenda, no matter how out of step they are with practicing physicians. What may seem like gentlemanly protocol to avoid contentious debate is likely a dishonest effort to conceal this agenda, and allow it to proceed without opposition.

The silence must be broken, and the truth about medical organizations’ collaboration in the government takeover of medicine exposed.

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