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# Correspondence

## **Stopping Tyranny**

I hope it will encourage all AAPS physicians to know that your fellow American conservatives are reading your Journal! Dr. Huntoon's editorial, "Time to Stop Tyranny in Medicine" properly explains the severe problems of the moment we are living in—the finest medical system in the world, which formerly provided the most promise for cures and treatment—is under attack. As a student nurse, a conservative, and a fired-up Tea Party advocate, I see everywhere the concerted destruction by liberals and liberalism of our precious country and the future of American medicine.

I was encouraged last Fall when I found the Journal of American Physicians and Surgeons. I felt alone in my outrage and wondered how freedom-minded doctors were coping with the Obama presidency.

It is clear that the mainstream media has engaged in a disinformation campaign to discredit physicians and to exalt government "solutions" to healthcare challenges. Few recognize what our healthcare system could be if only it were free to operate according to market forces and Judco Christian charity.

My husband and I are united with the AAPS and the *Journal of American Physicians* and Surgeons. We will be reading your articles and defending your profession.

## **Debbie Oresko, R.N.** La Habra, CA

1 Huntoon LR. Time to stop tyranny in medicine. *J Am Phys Surg* 2013;18:2-4.

# HMO"Coverage"

As Frank Lobb points out, "coverage" under managed care is a deceitful misrepresentation, often just a marketing ploy.

One of my partners, an ear nose and throat surgeon, resigned years ago from a particularly abusive HMO. After it had lost every single ENT on its panel, the HMO begged my partner to "make us an offer." He was sure they'd turn down his price, which would make them his best payer. But to his surprise, they accepted.

Advertising his presence on their "panel" made their product easier to sell to reluctant employer groups, most of which are by now familiar with the HMO Hunger Games.

Things seemed to be going well for about three months when my partner noticed that the HMO had made it impossible to schedule a patient for surgery. He had to endure endless phone consultations with remote nurse manager-gatekeepers to review the indications and justify the need for surgery; the need to re-file "lost" paperwork; waiting on hold for 30 minutes while attempting to obtain pre-authorization for CT scans for patients needing sinus surgery; and more.

It dawned on my partner that what the "beneficiaries" of this HMO had as a benefit was not unlike what the beneficiaries of the Canadian system have and what people in this country will have under "ObamaCare": a right to hope for care, or a right to a place in line. A health care card in your wallet may mean nothing. As has been said repeatedly, "coverage doesn't mean care." When will people understand?

The poor child with gigantic tonsils and adenoids, who could be spared much misery by a 20-minute operation, must continue to suffer sleep apnea and chronic ear infections. The parents, frustrated with this waiting game of insurance approval, are now very troubled to find out that my partner has resigned once again from this HMO.

If the parents follow the example of many others and pay a fair price out of pocket to have their child's surgery done immediately at our facility by the surgeon they have rightly come to trust and respect, they will wonder why they have "insurance" at all. They will wonder whether some "insurances" are really a black mark that actually prevents them from receiving care. Finally and angrily, they may conclude that this whole HMO idea must be good for someone—just not for the patients covered by "the plan."

Even if the central planners of HMOs or ACOs or government health care boast that the payment rates they have arbitrarily concocted are sound and fair, they will always retain the powerful tool of rationing access by bureaucracy, an incredibly cruel way to balance a budget or book a profit.

G. Keith Smith, M.D. Oklahoma City, OK

<sup>1</sup> Lobb F. Covered services of managed care: the enigma the insurance industry creates. *J Am Phys Surg* 2013;18:22-23.