It is increasingly important for AAPS to speak out, as private medicine increasingly requires bold leadership and defense before the forces arrayed against it.

My previous letter, "The Battle for Liberty," highlighted historic military conflicts fought hand-to-hand and with weapons of increasingly destructive potential all the way up to nuclear. I lamented AMA's failure to distinguish between medicine for the patient determined by the doctor from medicine for the masses determined by the government.

I was also optimistic that my state, South Carolina, was poised to lead our nation, as it had the opportunity to pass legislation that would have disengaged our state from the effects of federal healthcare control. Sadly, the forces of liberal, Progressive, anti-constitutionalist, redistributive, pro-entitlement, strong central government activists prevailed in this legislative cycle, further enslaving patients and physicians. However, this race is a marathon, not a sprint, so next year the bills to push away "ObamaCare" will be reintroduced in South Carolina.

Here I sound the alarm again, but with an experience and understanding that speaks to the extreme peril facing us. If you have embraced the socialist agenda of the Patient Protection and Affordable Care Act (PPACA), hereafter referred to as "ObamaCare," and have believed the promise that Washington, D.C., will take your money and give you healthcare, you have done exactly what they want you to do. Most Americans, however, continue in the conflict of confusion of conscience and in the uncertainty of daily decision-making about their future medical needs.

I suggest that those who have signed up for ObamaCare have expectations yet to be tested and proven. Although the reading audience of this journal is predominately physicians, the appeal is to all Americans to "secure the blessings of liberty to ourselves and our posterity" by defending our Constitution and exercising freedom. We must realize how serious it is that our concerns about our liberty are being manipulated and exploited to facilitate un-American political aspirations by deceit and coercion.

Evidence is mounting of impending destruction of the framework of cultural and societal stability that has liberty as its foundation. The once sacred and protected patient-physician relationship is being sacrificed, with little alarm, in the deliberate undermining of liberty. Fee-for-service payment is under attack. More government intrusion into our lives is promoted. Executive fiat replaces the rule of law with the rule of power and fear. Judicial activism leads to perverse legislation from the bench, while judicial restraint keeps the Court from overturning unconstitutional laws.

Moral confusion and general anxiety prevail in generations old and young. The glaring absence of principled leadership has left a void of hopelessness and helplessness, opening the way to more central control. A low-information electorate, lured by offerings of entitlement and utopian promises reinforced by the Progressive media, votes for bondage to government and its social engineering schemes.

A key element in the strategy of socio-political transformation is maneuvering issues that should remain in the jurisdiction of individual liberty into the domain of an industrial/medical complex. For example, when insurers demand maintenance of board certification in contractual arrangements with physicians, the public is influenced to believe that this ensures quality of care, when in fact it does not. Rather, it serves to limit the practice of "out of network" doctors and even keeps them from serving on hospital medical staffs.

AAPS is not opposed to board certification as it functions now, but we are strongly opposed to the coercive scheme of Maintenance of Certification (MOC) promoted by the American Board of Medical Specialists (ABMS) and its component boards. Debate of this issue is intense.

Our government thrives on division and disharmony, and applauds attempts of agencies and organizations to stifle liberty and marginalize those with dissenting views. The power of lobbyists' money continues to undermine the personal and professional liberty of millions of Americans. Politicians campaign on values and aspirations, vowing to reclaim our heritage, but once in office remain loyal to policies and people and parties that are moving us to the final "fundamental transformation."

These observations are not new, but they are becoming more apparent to freedom-minded, conscientious doctors who are experiencing the effects of oppressive, coercive, regulatory chains. We are witnessing a crisis of independence. This crisis is a choice of remaining in a position of defense and advocacy for the patient and freedom, or giving way to the political and economic and professional pressures of our contemporary social democracy. At no time in our great nation's history have we seen such an accumulation of threats to our liberty and national identity. Alarming signals of our cultural decline include unprecedented personal and national debt; overwhelming media bias advancing destructive propaganda; attempts at global uniformity of monetary policy; and prevalent cultural conclusions including convenient abortion and the devaluing of the...
family by redefining marriage.

One nationally recognized physician told me that because of his high-profile position he could not choose sides politically. I am calling on all to decide and declare which side you are on. Patients, families, and doctors need leadership. We must all remember whence we have come.

What will keep us from standing with conviction and courage to defend freedom politically, culturally, and most particularly, in our profession? Fear, apathy, and ignorance will cause us to stand by and watch as our peril deepens and our republic falters.

The time will come, if the trends are not reversed, when patients and doctors have no options save those given by the government. This is not hyperbole. Restrictions already imposed by the Centers for Medicare and Medicaid Services (CMS) are extinguishing private medical practices. Tiny subsidies for expensive compliance are coupled with penalties for noncompliance. Intimidating communications from CMS, the IRS, other government agencies, and third-party payers are routine.

In our culture, which many now describe as post-Christian and post-modern, standards once regarded as foundational to cultural existence and stability are being supplanted by moral relativism. The prevailing concept of Darwinian Evolution, where no Designer designs, is based on the operation of random chance, without delineation of purpose, except of an ill-defined outcome of something more complex and better able to survive. In an atmosphere of moral chaos, we need to remember that, as Eric Hoffer said, “When freedom destroys order, the yearning for order will destroy freedom.”

Death is an eloquent preacher. Its universality is a decree beyond human intervention. Our professional experience with death is multifaceted, comprehensive, up-close, and personal. We sympathize, empathize, and grieve with the families to whom we minister. We perpetually battle the vanquishing forces of physical death. We now face the impending death of our nation, sacrificing its heritage, nobility, virtue, and liberties realized for more than two centuries.

My conscience does not permit much optimism for survival when our national leadership embraces a culture of death. Who knows what this national death will look like? I don’t. In the time remaining, however, we who have influence through treating our patients must use that influence, with care, not allowing ourselves to be distracted from our patients’ needs. We must resolve to be willing to endure loss of “our lives, our fortunes, and our sacred honor.”

Thomas W. Kendall, Sr., M.D., practices family medicine in Greenville, S.C., and serves as President of AAPS. Contact: tomjankendall@gmail.com.