

Would You Have Signed It?

George L. Smith, III, M.D.

When I was in high school, my father, who was a very well respected general practitioner in our hometown, began offering to take me to the hospital with him when he knew there would be an appropriate case for me to witness the medical/surgical care he would be providing to his patient. One evening I was able to glean special wisdom from his medical philosophy that I use even to this day in my own family medicine practice.

The case I saw involved a middle-aged man, whom my father knew. In our local hospital emergency room, treating a patient who was having a heart attack in the late 1960s, other than a thorough history and focused physical exam along with the EKG and lab, my dad would use bedrest, oxygen by nasal cannula, nitroglycerin, morphine, and intravenous fluids in appropriate doses to treat his patient. After his examination and review of the objective evidence of the patient's condition, my father began writing the admission orders while we were still in the emergency room. The patient's wife was also present and had witnessed the whole encounter. She interrupted my dad and asked, "Dr. Smith, do you think my husband should see a cardiologist?" He said, "Is there a cardiologist you would prefer?" She responded, "No sir. Do you know one?" He said that he did know of a fine cardiologist in another town about 35 miles away. He asked her if she would like for him to transfer her husband to the cardiologist there and she replied "yes." My dad then called the cardiologist and informed him of the patient's diagnosis and condition. The cardiologist accepted the patient, and so arrangements were made for the transfer.

Once the ambulance left our ER with the heart attack patient, my dad and I left the hospital and went home. On the short half-mile drive, I said, "Dad, you take care of heart attack patients all the time. Why did you send the man to the cardiologist?" He said, "George, his wife wasn't really asking me if I thought her husband should see a cardiologist. She was telling me she wanted her husband to receive a cardiologist's care." Listening to patients' families is so important when we have been given the privilege to provide medical care for their loved ones.

Many years have gone by. My father practiced obstetrics until he was 70 years old, having delivered more than 5,000 babies in our town. He resigned from the hospital staff when he was 75 years old and practiced in his clinic with my two older brothers, who were physician's assistants, until he retired in December of 2001, when he was 86.

That night in the ER, if a patient needed to be moved to another hospital, there were no cumbersome prior authorization requirements, no quality review personnel to call, no insurance company's permission to obtain, and certainly no wallet biopsy to perform! There were just two physicians reaching an agreement about the needs of a

patient and genuinely doing what they could to help a fellow human being.

There was true medical freedom then.

In Chantilly, Va., at the 2025 Association of American Physicians and Surgeons (AAPS) annual meeting, our board met and discussed an idea we have long considered regarding the need for restoration of private indemnity health insurance in our country. The membership of the AAPS can be assured that we have established a study committee chaired by one of our past presidents, Jane Hughes, M.D. Along with several of our board members, she will be working with Texas Congressman Chip Roy to recreate private indemnity health insurance. Please keep their efforts in your thoughts and prayers as they seek to re-establish this needed provision for our nation's citizens and for our patients to have true medical freedom once again.

As you all know, our nation will be celebrating the 250th anniversary of the signing of our nation's Declaration of Independence on July 4th, 2026. Around 1763, the British government needed money and started coming up with different contrived tax proposals for the colonies. Needless to say, these new taxes or Coercion Acts passed by the British Parliament and placed on the colonial businesses had a significant and devastating effect on the price of goods. It all came to a head when the "sugar interests" in the House of Commons began pushing for their own self-centered economic interests, combined with the efforts of some of the British Army officers who despised the colonial troops. The British monarchy was pressed for money and blinded by the doctrine that the colonies only existed for the benefit of the mother country. The merger of these distorted beliefs all resulted in ruthlessly extinguishing the last hope of peace.

In 1774, the colonial assemblies held a congress in Philadelphia and strategized their responses. Commercial boycotts by colonists against English goods occurred because of the various Coercion Acts passed by the British Parliament.^{1, p 179}

By May 1775, a congress of delegates from the colonies met in Carpenter's Hall in Philadelphia and decided that more intrepid resolve needed to be displayed. Colonial representatives from 12 colonies were present and were later joined by Georgia's representatives in late June and early July 1776. Georgia was still small with only about 30,000 people in 1775. There were very few settlers more than 20 miles from the Savannah River and coastal Georgia.² In Philadelphia, the congress was made up of doctors, lawyers, landowners, and merchants. They had no government and no common national traditions except those against which they were revolting. They had no organization, no industry, no treasury, no army, and no supplies. There was uncompromising friction between colonial patriots and

British soldiers as well as patriots and British loyalists. The colonies had about 280,000 men capable of bearing arms, but General Washington would eventually never have more than 25,000 men.^{1, p 185}

In January 1776, Thomas Paine wrote his "Common Sense" political tract and eleven months later wrote "The American Crisis" which began with, "These are the times which try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of his country."³

I believe that we as a nation are getting close to such a time again.

Each one of the eventual 56 signers of the Declaration of Independence knew that the signing of the Declaration made them traitors to the Crown, which exposed these men to execution. They mutually pledged to each other "our Lives, our Fortunes, and our sacred Honor." Almost every one of them would eventually lose his property, and many of them lost their wives and families to British guns and prisons. Several of the signers died destitute and penniless, having given all to the American Revolution.³

Would you have signed the Declaration of Independence?

Or have you already signed a Declaration of Dependence?

How can physicians respond to a government that is becoming more and more intrusive in our personal medical/

surgical practices, our private patient-physician relationships, and our continuing education efforts to practice state-of-the-art medicine?

My father was able to maintain a private practice, "all for the patient," from 1947 to 2001 and his father from 1908 to 1953. The two generations in my family prior to my grandfather also had private medical practices in our hometown.

At AAPS, we are still striving to preserve the practice of private medicine and are thankful you are supporting that effort! Our next annual meeting will be in Atlanta in September 2026. I hope to see you there!

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2. Jackson HH III, Bridges EC, Thomas KH Jr. *Georgia's Signers and the Declaration of Independence*. Atlanta, Ga.: Cherokee Publishing; 2005: 2.
3. Schweikert L, Allen M. *A Patriot's History of the United States: From Columbus's Great Discovery to America's Age of Entitlement*, revised ed. Sentinel: 2014.

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