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Guest Editorial

Americans: Reclaim Your Medical Liberty

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American political freedom has been a victim of Washington's relentless drive toward a tyranny most firmly rejected nearly 250 years ago. The latest ploy has taken away our medical liberty or autonomy using a fabricated existential threat - CoViD - as justification [1]. If Americans want control over the most intimate component of life, our bodies, we must restore personal medical autonomy.

Autonomy comes from Greek, autos refers to self and nomos means rule or governance. In Great Britain, medical autonomy is defined as the "ability of a person to make self-determining [medical] choices, freely and independently, and without let or hindrance" [2]. Some American lawyers say autonomy means having free will in contrast to liberty where the individual can make decisions without input or regulation by a third party [3]. A person in prison has free will, i.e. autonomy, but not liberty. The general public conflates the two and uses medical autonomy when they mean medical liberty.

To avoid confusion, medical autonomy herein refers to the freedom to make all medical decisions, including spending. Before third-party payment became dominant, medical autonomy included control of one's own medical spending.

In the U.S. today, Americans no longer have medical autonomy.

Americans cannot freely choose their physicians. They cannot decide, with doctor's advice, their medications. Bureaucrats are triaging critically ill patients, supplanting physicians [4]. Americans are not free to decide who will operate on them, where, when, or even if. And of course, healthcare dollars are expended by others, not by individuals. This is medical tyranny, the antithesis of medical freedom, liberty, or autonomy [5,6].

Doctors are equally un-free. Your assigned physician (assuming there is one) does not choose your medications, a pharmacy benefits management (PBM) program does. [7] Your operation is performed where the health plan instructs, and by whom they decide, generally those who will accept the lowest payment contract. Providers who care for Medicare and Medicaid patients must simply accept the federal payment ("reimbursement") schedule.

Supporters of Biden's Anti-Inflation Act of 2022 proudly announced the act allowed Medicare to "negotiate" drug prices with providers [8]. This brings to mind a soldier with a hand gun negotiating with an M-1 battle tank. Medicare dictates prices (payments) and says to providers, take it or leave it.

Both patients and providers live under medical tyranny. For providers this creates an intolerable ethical conundrum [9]. Medical ethics require a physician to provide best possible care for the patient who has chosen him or her as fiduciary. This relationship gives the

provider temporary control over patient's body. Surgery under general anesthesia *without* fiduciary responsibility meets the definition of attempted murder.

It is presumed that the provider has authority commensurate with this awesome responsibility. This is not reality. Doctors can only prescribe drugs a PBM allows. Surgery is done in the contracted hospital, not necessarily the one with the best results. A label of "experimental" is often used by insurance companies to deny the patient a drug, device, or procedure that the physician judges is best for that patient.

Single payer healthcare is the pinnacle of government medical tyranny [10]. Recent articles warn of healthcare system collapse in single payers such as Great Britain, Australia, and Spain [11-13]. Some experts warn of a similar breakdown here due to Washington's medical tyranny [14,15].

Healthcare systems exist to make and keep people healthy, and to save lives through on-time (or in time) medical care. The most obvious demonstration of healthcare system failure is death-by-queueing: dying waiting in line for care that is technically possible but not provided in time to avert death. Wait times are a useful metric for timely care [16].

President Obama promised Americans that his namesake healthcare reform bill, Obamacare (Affordable Care Act, ACA), would provide "all the care Americans deserved," presumably when they needed it. Before the ACA was passed, average maximum wait time to see a primary care doctor was 99 days [17]. After the ACA, wait time had increased to 122 days.

This author's wife waited seven months to see her primary doctor for chronic abdominal pain. It was inoperable pancreatic cancer. She died 22 months after diagnosis. Might things have been different if she had received timely care, seven months earlier?

An internal VA audit concluded "47,000 veterans may have died" waiting in line for medical care [18]. In Illinois in 2016, 752 Medicaid enrollees died waiting for treatment [19]. Deamonte Driver was a 12-year-old Maryland boy who couldn't get dental care because no local pediatric dentists would accept Medicaid patients [20]. This boy eventually died from complications of a dental cavity.

Despite having the most advanced technology and many of the best trained physicians and nurses, U.S. healthcare fails to deliver care-in-time.

There are three reasons medical care is inaccessible. All three can be traced back to Washington's medical tyranny.

Most obvious is the lack of providers. There are too few physicians for the number of patients needing timely care. The increasing number of doctors retiring early exacerbates the problem [21].

For those with no-charge ("free"), government supplied Medicaid/CHIP coverage. provider shortage is especially problematic. The Medicaid population has nearly doubled. In 2000, 15.6 percent of the U.S. population was enrolled in Medicaid. In 2022, the percentage was 25.7: 91,342,256 Americans. Fewer physicians are willing to accept the low payment schedules, and put up with the administrative hassle. Nationally, 31 percent refuse Medicaid patients [22]. In Texas, more than 50 percent say no [23]. Conjunction of more patients and fewer doctors increases death-by-queueing.

The federal regulatory burden hampers provision of medical care. Doctors spend so much time filling out forms - hospital privileges, insurance renewals, medical scorecards, billing requirements, compliance, security, to name but a few - they have no time to talk with much less think about a patient. The most common complaint patients have when they finally get to doctor's inner sanctum is howlittle of the doctor's attention they get during the visit.

The third reason for American death-by-queueing is bureaucratic diversion [24]. The U.S. spent $4.1 trillion on "healthcare" (the system) in 2022. Nearly half produced no care! Instead of paying providers, hospitals, and pharmacies, i.e. for care, that money paid for BARRCO: bureaucracy, administration, rules, regulations, compliance, and oversight.

The physician shortage, the regulatory burden, and bureaucratic diversion are attributable to Washington's medical tyranny. Federal control of healthcare not only causes death-by-queueing, it is also unconstitutional [25]. As healthcare is not one of the 18 "enumerated powers" (authority) given to the federal government in Section I, Article 8 of the U.S. Constitution, according to the Tenth Amendment, healthcare is "reserved to the states respectively, or to the people".

The proper response to Washington's medical tyranny is both simple and political anathema: federal government must relinquish power to We the Patients.

Americans should reclaim their medical autonomy [26]. Patients should be free to make all medical decisions and choose how to expend their health care dollars. Reconnect patients directly with their doctors - no third-parties in between. Build state-based medical safety nets for the impoverished.

Such a patient-controlled, Washington-free system is not only possible, care would be more accessible and less expensive than what the current system achieves [24].

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