

Why medicine is no longer a profession

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Opinion

The enemy of health care (and practically everything else) is bureaucracy. Health care is neither the purpose nor the function of the Health Insurance Industry (HII). Contemporary medical care is no longer part of “the American way.” The Art of Medicine is an absolute contradiction to reporting to a Central Committee. Read on.

Physicians must hang together, or as the aphorism ends, we will all hang separately (and a case can be made that we have already been hung out to dry). Indeed, the divide and conquer carve up of medicine by the health insurance industry (HII) is against the common good and an autopsy for the medical profession. To practice “separately” is to hang! In fact, the HII must deal with all physicians as a *totum*, especially without special contracts which make physicians fight each other. Medicine must become a profession again: distinct, virtuous, self-defined, self-contained, self-defending and **one**...and without pathological parasites depending on all we do.

The basic problem is that people who cannot practice medicine are making the rules. Medical care is considered appropriate and payable only if a third party thinks it understands and agrees with what took place regardless of patient improvement or satisfaction (Does the patient feel better and is getting better?), the latter often considered to mean the care was unnecessary anyway. Actually, medicine has been criminalized with a guilty until proven innocent processing -- the latest version being “evidence based medicine.”

Medicine cannot be a profession as long as the doctor’s relationship with a patient is determined by insurance companies, lawyers, or politicians. Medicine is now operating in an administrative police state which has honed “documentation” into weaponry destroying us. Physicians are enslaved as we work more and more without getting paid (which is slavery). We are under siege by an **attack-physicians-industry**: lawyers, judges, record processing companies, medical service organizations, health care reviewers, traitorous HII physician consultants and incompetent HII physician advisers, investigation schools, the Food and Drug Administration, the Drug Enforcement Agency, second guessing pharmacists, nurses who do not nurse, pre-authorizers, Medicare/Medicaid/Worker’s Compensation “current status” snivellers, state government departments of insurance, and an army of bureaucrats, including pharmacy boards and medical boards parasitizing us because they get paid only because of us. All these mutually self-feeding non-medical parasites have the mission of finding something physicians do wrong. And not one of them gives hardly a damn about the special medical needs of patients except for advertising or measurable trivialities usually of no therapeutic significance. The above busywork groups seek the welfare of self and not patients (I know an instance where the preapproval occurred for the surgeon but not for the anesthesiologist!). Most of the time, we are working for everyone but our patients and ourselves. Our medical records are a caricature of privacy as administrative parasites, thinking they can read and understand patient care without going to medical school, insult patients, physicians, Hippocrates and the profession by an inflated pretense that the record is the medical care. Without going to medical school and even though taught by physician adviser fools

who flunked medical practice, these high falutin self-inflated dingbat record reviewers might have a better chance of understanding the records of lawyers, judges, and politicians, but physicians -- never! It is absurd that these robotile simplistically primed but ignorant irrelevant-to-care reviewers are supposed to confirm health care according to the outrageous “if not there, it was not done” shibboleth -- such that “hello,” “goodbye” and each and every suture never happened. The “if not there, it was not done” requirement is an unjust, undue burden totally inappropriate and not required of any other profession including the related trio of lawyers, pornographers and judges. Soon a court reporter will be needed for every doctor’s visit and in every operating room as physicians will have to dictate their intellectual property moment to moment to “prove” something was done. Pathetically, journalists have more privacy rights than physicians or patients today. **To restore the integrity of our profession, physicians must sever their connection with the health insurance industry (HII) and deal only with patients.** Physicians must be self-governing under a code of ethics -- not enslaved to rules and codes created by an invertebrate self interest group that could be called the American Ersatz Medical Publishing Association. Under the leadership(sic) of the current American Medical Association (AMA), a once proud and honorable profession has been decorticated into nothing but an every-man-for-himself joke (The arrogant hostility of many individual physicians thinking only of themselves and ignoring the profession as **profession of equal mutually dependent colleagues** is just incredibly unbelievably stupid, shortsighted, and suicidal). And today’s medical students and new practitioners have not the faintest idea what a profession is nor do they care -- **a pathetic and sad outcome of current medical education and the American Medical Association**, as contentious, non-collegial, know-it-all, communist graduates abound who are not trained for the professional private practice of medicine.

Although physicians cannot lawfully strike, we can resign. Moreover, there is no antitrust prohibition against boycotts for noneconomic reasons. And reasons to resign from the chains that bind physicians to the HII abound.

Why Physicians Should Resign

Medical care has been a “communist takeover.” Milton Friedman says it best:

“We have a socialist-communist system of distributing medical care. Instead of letting people hire their own physicians and pay them, no one pays his or her own medical bills. Instead, there is a third party payment system. It is a communist system and it has a communist result... We’ve seen costs skyrocket. Nobody is happy: physicians don’t like it, patients don’t like it. Why? Because none of them are responsible for themselves. You no longer have a situation in which a patient chooses a physician, receives a service, gets charged, and pays for it. There is no direct relation between the patient and the physician. The physician is an employee of an insurance company or an employee of the government. Today a third party pays the bills. As a result, no one who visits a doctor asks what the charge is going to be -- somebody else is going to take care of that. The end result is third party payment and worst of all, third party treatment” (recorded comments to Hillsdale College President 5/22/06).

So I spent three years in nuclear missile submarines in the early 1960’s so Ronald Reagan could later defeat communism, and the greatest living economist states that I have been taken over by communists! Billions of dollars were spent to defeat communism and now billions of dollars are spent for a communist medical system in the USA. Obviously, physicians must resign from the HII to help defeat communism! Better yet, we should sue the government for not providing a capitalist system and for failing to protect us from communism. Hey: The greatest living economist documents that medicine is being run as a communist system! (And, I add: almost all CEOs of major corporations are worse than the Soviet Central Committee ever was in dealing with their lesser employees).

Furthermore, the HII affronts the law, as I have experienced first hand during their abusive audits. Although insurers require the use of specific codes, their investigators distort the codebooks to their liking and to the disadvantage of the patient and physician. HII reviewers often do not even know the codes, do not follow legally required due-process procedures, yet they routinely issue arrogant decrees. HII investigators do not investigate -- they target because the psychology of investigators is “How great I am for getting this guy!” ... as a county prosecutor once said, “I don’t care about truth or justice, I just want a conviction!” Investigators conspiring with each other across agencies (which should be illegal) is shameless self promotion and a violation of patient privacy with collecting of hearsay as evidence. The HII wants people who write notes and to hell with health care. The licensure and actions of “investigators” should be more controlled and monitored than those of physicians. Investigators are shameless-self-promoting rogues trying to look intelligent and as such are dangerous to citizens except in rare instances as far as medicine goes. They target and make no effort to retract allegations that have been proven false. They levy penalties without allowing the legally required opportunity for appeal, extorting money from busy and desperate physicians through intimidation. The HII is a monstrous parasite on medicine even having “schools” to teach an affectation of medical knowledge so their reviewers can pretend to know what transpired between physician and patient, but the truth is that no one can really understand what a physician does unless he can do it himself.

Trying to use “the system” doesn’t work either. That is, state departments of insurance are as useless as any communist bureaucrats ever could be. I know. I underwent a Medical Mutual of Ohio (MMO) Audit in 2003 and passed without financial penalty required but a few

corrections were necessary and made. Then, MMO’s investigators show up in 2005, six months after I complained to many state agencies that a patient of mine was wrongly identified as a drug abuser by MMO’s pharmacological screening processes (what do you think that did to my patients mental state?). And, MMO likely targeted me moreso because five months after I became Interim Chief of Psychiatry of St. Vincent Charity Hospital in Cleveland, Ohio, I protested vigorously to many agencies about MMO’s denying in-patient psychiatric care. So MMO, ignoring their own audit without penalty required some 20 months before, perpetrates an illegal investigation with penalties leveled. Of course none of this is resolved as yet. But I complained to the Ohio Department of Insurance (ODI) with multiple page letters describing all and asking for a full investigation of all HII and its investigators because I cannot be the only stooge these communists have tried to get. The ODI response as of this time is a phone recommendation to use their web site for complaints. So I follow instructions for a few cases and found that each medical service and bill in question will require a full computer screen page completion (The HII designer of this Rube Goldberg administrative nonsense must still be laughing). Communists never had it so good. Medicine is run by non-medical tyrants and they seem to include the Ohio Department of Insurance which is a disgrace unless they do something more (I will apologize profusely and be grateful to be wrong later). Forget dealing with the HII -- they have probably the full blessing of state departments of insurance in whatever they do. As some of my surgeon colleagues state they will never care for a lawyer or his family, I would never care for an employee of the health insurance industry or state departments of insurance.

The HII overwhelms patients and physicians with a tsunami of pre-authorization and pre-approval maneuvers such as (1) long telephone prompt menus designed to confuse and frustrate; (2) bewildered, algorithm-paralyzed, learning impaired telephone service representatives; and (3) time-wasting holds. Then there are scores of condescending useless questions by HII physician (sic) reviewers who went to medical school so they could work for the HII instead of care for patients. All of these barriers are designed to hinder or block medical care. They violate the “privacy rule” of the Health Information Portability and Accountability Act (HIPAA) at least in spirit, because patients do not know who is accessing their medical information. The entire pre-authorization routine (from medications to surgeries) is pure fraud, the purpose of which is to “pre”vent appropriate medical care from being delivered to the patient. No doubt pending are plans for pre-authorization of all care from aspirin to bandaids -- anything to delay payment so the HII can keep its money longer (and the HII CEO can get his millions of health care dollars without providing health care)! Consumers pay their insurance premiums and then have to essentially beg for medical care coverage they believe they have purchased. Pre-authorization represents a calculated shift of medical dollars to non-medical use, because premiums are wasted on paying the handsome salaries of non-medical personnel to process totally irrelevant paperwork. Again: The HII is a parasitic plague along with all other scab groups *supra* because, more often than not, HII jobs depend on denials -- denials from medicines to office procedures ... **This is a glaring conflict of interest because denial (of whatever) means employment for the HII parasites.** The paradigm is “Say No! and keep your busywork job!” ranging from fraud medication reviews by fake pharmacists to psychiatric consultant pimps for Worker’s Compensation.

In effect, the HII is holding American medicine hostage while patients and physicians pay the inflated salaries of insurance megabureaucracy con men. Of the \$1.87 trillion in total medical

expenditures in 2004, hospitals received \$570 billion and physicians and other suppliers of clinical services received \$400 billion (Of the latter, roughly 1/3 goes for in-office administrative costs to meet HII requirements! All those secretaries you need...are really working for the HII but you are paying them!). Nursing homes got \$130 billion and \$200 billion went for drugs. This leaves \$500 billion (that is a defense budget) paid to entities that contribute nothing of value to patient care but plenty of money to megabureaucracy personnel. If the meddling army of non-medical controllers were abolished, there would be more than enough money to pay for all health care "pre-authorized" or not. Every government agency that offers health insurance as a benefit should be replacing the HII with Health Savings Accounts. Consumers will guard their own money much better than anybody else ever could. Consumers want health care not \$500 billion dollars of paperwork. And with HSAs, all our secretaries can go work for the HII megabureaucracy where they belong instead of for you and me.

The pure evil communist scheming malevolence of the HII and their lawyers probably cannot be surpassed by "enrollee hold harmless" clauses in provider and hospital contracts which prohibit direct payment from an insured individual for any service to any physician or medical group including hospitals at the whim of the insurance company's willingness to define the "covered service" as acceptable or not. This is the biggest secret in the HII. By the "hold harmless" clause, patients can only look to the HII for payment and cannot pay for medical care themselves even if they would want to. With these clauses the medical service cannot be done if the HII does not pay for it! This is pure deprivation of freedom, pure oppression, unethical, and pure evil. Capitalism has gone bad thanks to the HII, and medical care is now communism as Milton Friedman states. This is reason enough for the federal government to take over the health insurance industry and mandate the universal Health Savings Account system (Give the people their money!) with crisis back-up and the prohibiting of any and all contracts between providers and the HII.

Actions Physicians Should Take - Resign from all third party insurance (including government-run programs).

- Implement PIFATOS: Payment in Full At The Time Of Service. Give a receipt for payment with diagnosis and treatment codes, and let patients deal with their own insurance companies.

I have everybody pay up front at the time of service. My fee is \$_____, check or cash. A receipt will be given to you so you can get your reimbursement as best you can from your communist insurance company (Do not hesitate. Take pleasure in the fact that every time you do that, the insurance company will have to field phone calls, letters, faxes and complaints galore costing them money instead of you!)

Let the insurers do their own paperwork and deal individually with each of their thousands of patients instead of benefiting from pooled billing-payment processing subsidized by physicians (As stated, most of physician's clerical office cost is a subsidy for the HII). Personal experience reveals that often patients get reimbursed better and faster than I would have! (This is because HII cares more about their subscribers than their providers).

Avoid dealing with all physicians who are hacks for the HII, as best you can. They are no longer acting as physicians. I personally believe that any physician working for an insurance company is burned out, wore out, flunked out, sold out or has been bought out -- i.e., **deadbeat docs**. Theirs is a sham practice. They are GPIN docs "Gotta Prove I'm Needed docs" -- keeping busy finding things to prove their worth by

depriving patients of care so insurance companies can make money -- They are an embarrassment to their medical schools and do not deserve the "MD" designation any longer -- not "M.D.s" but "L.D.s" -- "lucky docs" or "loser docs." State Medical Boards must bring these deadbeats in because they hurt patients (In Ohio, the law allows HII administrative physicians to injure patients). These conflicted but coopted physicians and their leaders are modern day capos who have betrayed their own profession and colleagues. Support and even subsidize physicians who are independent and/or have resigned from the HII. They are the true and ethical champions of our profession.

For any denial of any provided service, terminate care for the patient with appropriate notice whether they be Medicare, Medicaid, Worker's Compensation or private insurance. Require any HII flack questioning your care to take of that particular patient for the next six months or longer: "I am giving the patient to you or the doctor supervising you. You take care of him. Don't call me for six months." Or send them to the physician (sic) in charge of the denials for the insurance company, Workers Compensation, Medicare or Medicaid. They are so damn smart, let them take care of this patient. Believe me, you will not miss a thing because you are not getting paid anyway.

Whenever you talk to an "insurance doctor (sic)" always ask four questions: (1) What medical school did you go to? (2) Did your school teach you what you are doing? (3) Did you go to medical school for this? And (4) How is your medical practice doing? And then tell them you will try to send them some patients if they quit working for the HII. Other questions are: Is your practice so bad that you need to work for the enemy? Did you go to medical school for this job? Do you feel it is ethical and honorable to be making medical decisions without having direct contact with the patient? Do you ever feel like an extortionist? If you think you can do a better job with these patients, then why aren't you taking care of them? What do you call a person who pretends to make clinical decisions or know better without ever seeing patients except "frauds" or "parasites?" What is it like to have a fantasized medical practice instead of a real one? As a paper mache desk jockey pseudo physician, what does it feel like second guessing real treating doctors? Are you envious that you don't have real patients yourself? Do you fantasize savings lives during the day too or only in your night time dreams? Does it feel good knowing nothing can go wrong in your "doctoring?" and that you cannot be sued for malpractice because you do not really practice medicine? That your "practicing" is perfect as you pretend? What other childish fantasies do you have? How is it to not have to worry about sickness in anybody but yourself? How does it feel that no one can second guess how great you are for not making all those important life giving decisions you went to medical school to learn to make? Besides reading other patient's charts and collecting CME's, do you do anything for anybody? Do you show up at your medical school reunions? Do you tell them what you do? If there were a Board of Ersatz Medicine, would you qualify as "certified?" or "an examiner?" How's the money, doctor? Do you sleep with your stethoscope on just to feel like a real doctor? Or did you give your stethoscope away when you took the job with the insurance company?

Never return any telephone calls from insurance companies or any persons or group seeking medical information (such is against HIPAA -- how do you really know the party calling is not working for *60 Minutes*? The same applies for faxes). Require the HII to communicate exclusively in writing with an actually signed (no photocopy) release form (without which, the only correct answer for every request, to be in compliance with HIPAA, is: "I never heard of that patient!"). Pre-require a curriculum vitae for all wanting medical information access and provide the records only on subpoena after a record search prepayment at lawyer's rate for the same. Or, by pre-arrangement,

have them come with their own copy machine (yours is broken) to do it themselves under your supervision. This is incredible: Everybody wants a piece of paper from us; when will we stop being secretaries for the world?

Never complete forms for anyone if you can possibly help it! Pitch the forms. Forms are a subsidizing of any group that will not do their own evaluation and pay for it. And remember they do not trust us for what we are doing anyway (Occasionally, I will give the form to my patient and have him fill it out as best he can; I will review and sign off if possible with the patient mailing it). Better yet, just do not complete forms ("I never got it!" or "The copy machine ate it and I could not find your address"). Patients must be helped to learn to be their own administrators. Physicians jobs are to provide medical care and not administrative care. Just don't do forms, accept calls, do faxes, for anyone but other health care providers.

Sell all stocks in the HII. Require there be no HII representatives on any of the hospital, medical organization or other boards to which you belong. Require a statement of non-ownership directly or indirectly of HII stocks from all members.

Resign from the AMA, thanks to which we as physicians no longer control our education, administration, practice or destiny, having sold the profession for a communizing package of papers and code books. Demand that books of codes and diagnoses be withdrawn from the public domain with use confined to practicing physicians.

Help your patients choose a Health Savings Account. When people have retained assets, they overcome the culture of poverty. Everyone with a Social Security number, including the poor, should have a Health Savings Account with major crisis backup after \$3,000 (to be adjusted with inflation) annual medical voucher or money grants convertible into retained assets at a certain accumulation level. Thus there will be no "uninsured"; everyone will learn about "assets" with the removal of the psychology of being impoverished; and this free market endeavor will reclaim wasted medical dollars (\$500 billion in 2004). Whatever waste resultant will be minuscule compared to the waste of the current system. Let the HII compete to provide non-HMO-linked high deductible crisis coverage which the market will increasingly demand. And lobby for a law which requires all executives of all companies to provide for their employees the very same health insurance they have for themselves (That will mean HSAs if the CEO has any brains!).

- Institute arbitration with appeal not only for all malpractice claims but for all audits, investigations and negative findings by the HII.
- No "hold harmless" clauses! Hell, no contracts with the HII. The HII will communize their subscribers only.

Try to never testify for or against anything, anyone, anywhere, any time. The legal system is run by attorneys who basically are unprofessional, money grubbing entertainers who demand perfection from all but themselves. Basically, the law is a psychotic epiphenomenon on society meaning that no one can really understand it but the wackos in charge and it never stays the same anyway. Law schools have become a wastebasket for those who do not know what they want to do and can likely do nothing else. Given all that, society must find these young lawyers work, more and more by extorting and beating up us physicians. The legal system is a bloated con game run by prevaricators, confabulators, and extortionists caring little about truth or justice. Oh, there are some good attorneys out there.... stick with them if you know them. The trouble is, they are dealing with their colleagues who most often are scum cannons looking for work. Stand mute. Do not provide health care (be too busy, regardless)

for any lawyers, HII employees, employees of state departments of insurance -- such is not needed -- they know more about medical care than you do. Have a sign on your door: "Lawyers and employees of health insurance industry and department of insurance, get lost!" As Hippocrates said: "*Primum non medicare legati*" (Above all, treat no lawyers et al!) When this group wants the Oath of Hippocrates, tell them it does not exist for those who have no confidentiality.

Never take a salaried position to replace a physician fired or driven out because they refused to sign contracts or collaborate with the HII. Ignore and never refer as best as one can to any physician who does collaborate with the HII in any way or form.

Restoring Virtue

Physicians need to re-commit to the Oath of Hippocrates. Breaches of confidentiality are forbidden by the Oath. Having persons not involved in a specific patient's care invading their personal medical records is an intrusive abuse of patient privacy. As a resident physician in the 1960's, I was required to testify in a child psychiatry case. Associates advised me to take along a toothbrush in case I was sent to jail for refusing to reveal what was in the patient's record. I was assured the rest of the physicians at University Hospitals would join me if that happened.

(Douglas Bond, psychiatrist then starting the new "Case Western Reserve University School of Medicine" as Dean, chief and founder of the Department of Psychiatry of CWRU-University Hospitals of Cleveland, World War II Chief of Psychiatry for military operations in Europe and teacher extraordinaire spoke to us residents in the 1960s. Subpoenaed to testify about a murder case involving a patient, he refused to give any details in the courtroom about anything in the medical record, holding the file all the while. He was dismissed from the courtroom. After elaborating to us residents about the experience, holding the file in his hand, he said he was prepared to turn the file over if the judge ordered it. It would still be ethical, he stated, as he spread open the file for us and flashed nothing but blank pages, commenting on how important it is to preserve Hippocratic confidentiality. He was ready to go to jail, knowing that every physician in town would have shut their offices and gone to jail with him. Doug Bond was also instrumental in the concept of "**care of the whole patient**" and the "**importance of the relationship**" -- remember those? Now, with the HII, the "whole patient" is impossible to deal with except at autopsy, and "relationship" is almost totally determined by the insurance company.)

Such medical record protections must be reestablished and physicians must provide patient records only with special consent and actual signature (not photocopies) and a valid court order or subpoena. I would also recommend demanding curriculum vitae of all persons who want any medical information, as the patients deserve to know their qualifications. The following is part of a form I have all my patients sign:

A. I request from any and all HEALTH CARE REVIEWERS, MANAGERS and EXAMINERS, or any other person so designated by health insurance/managed care/Medicare/Medicaid/Workers Compensation/Third Party organizations, the following information about **any and all persons** who will see my records or reports of the problem, the disorder, doing medication preauthorizations, any sort of approval processing, or review of hospital records for treatment for any reason, such that I know the person is qualified and capable of understanding all that is going on. Please send to Dr. Nigro the answers to the following questions as soon as possible.

1. Name
 2. Direct Dial Phone Number
 3. How long employed by this health care management or evaluation program?
 4. Name and address of the health care management or management program?
 5. Professional qualifications (including degree)?
 6. Schools attended (including year graduated)?
 7. Postgraduate training?
 8. License information (A.C.W.S., M.D., Ph.D.)?
 9. Documentation of familiarity with direct clinical care?
 10. How many patients have you seen in the past year in clinical treatment?
 11. How many hours per week do you spend in direct clinical care for patients?
 12. How many hours per week do you spend looking at the papers or talking on the phone for health management or insurance organizations?
 13. For what other companies have you been a managed care reviewer?
 14. How many lawsuits have been filed against you?
 15. Has your license ever been suspended or revoked?
 16. How many years have you spent in prison?
 17. Military service record?
 18. What, if any, mental health organizations do you belong to?
 19. Send proof & copy of your license or credentials to practice medicine or your profession in Ohio and Ohio License number.
 20. Certification of Continuing Medical Education or equivalent for your discipline
 21. Please enclose list of last two years of C.M.E. materials.
 22. Please enclose a completed, updated curriculum vitae.
 23. If physician, does your medical school know what you do for a living? Is this why you went to medical school? Will you wear a sign saying "I work for an insurance company" at your medical school reunions? And does anyone where you work ever ask you for medical advice?
- B. Please send to Dr. Nigro, a copy of my policy or that portion of it which authorizes you to see my records, and a copy of all manuals, policies, guidelines, rules and/or instructions and minutes and records of any meeting(s) relating to your review of medical services provided to me. If you are exempted from HIPAA, please send documents certifying such.

Let the insurers do their own extensive medical history and examination. They certainly don't trust us to do anything else, as shown by pre-authorization requirements for example.

For the procedures specifically forbidden by the Oath - abortion and euthanasia - physicians are not needed. If society decides to make them a "right," we should "demedicalize" them. Almost all of the

instances where physicians have lost control of our profession can be traced back to **Roe v. Wade**, where lawyers and judges dictated, for the first time, how we should practice medicine. Physicians have not been trusted since then. Abortion has been the disaster for the medical profession and has caused the deluge of corruptions which have ruined the profession. Almost all patterns of loss of control of the profession can be traced back to **Roe v. Wade** which had lawyers and judges telling us how to practice, and it has been so more and more ever since (They have just begun -- you ain't seen nothing yet!). We have not been trusted since **Roe v. Wade** and by it, the legal Leviathan has tasted control now forever unwilling to give it up. Abortion is not a medical procedure, and if it is as safe and simple as its non-medical advocates claim, let them do it. In my opinion, babies should be **born free**, without design or being labeled as "planned" or even "wanted," as these designations render them unfree. Second, euthanasia (or whatever it is now called) can be done by others also. I think that any lawyer, politician, judge, or newspaper editor is quite capable of killing anybody at any time for almost any reason and can easily be trained to do abortions -- and they are clearly better suited to handle the paperwork that the legislature has determined to be necessary when someone's life is terminated or one lays claim to a right to kill himself. Lawyers, politicians, judges and newspaper editors should be given the legal right to purchase and administer the lethal drugs if that method is desired. All would meet at the Right to Die/Abortion Implementation Center in the state capital building, the building of the local newspaper, or the building of the local Democratic Club. They then just need to do the not-killing killing. While waiting, they can make a speech or write an article, and then call the undertaker and submit the bill (the usual fee Probate Court gives lawyers for routine legal practice!) -- Why this is even another way for lawyers, politicians and journalists to make money! **Dying and aborting in the state capital and newspaper buildings would be the ultimate sanction by society and death would be demedicalized and put right where it belongs!**

The Hippocratic tradition is this

First, to teach the art and science of medicine to those who are worthy -- and that means individuals who will never cheat but be scrupulously honest with no exploitation of patients or the system (This is essential: cheating, exploiting physicians must be thrown out by all other physicians!). It is obvious that many unworthy have been taught because they are subverting the profession and have sold out especially by collaborating with the HII. Teach only those worthwhile and work with only those worthwhile. Second, "no direct killing." Tradition is very clear that we should never participate in the willful death of anyone. This does not mean we will keep people alive forever, but we will not be a partner to an anti-life direction. Third, we will operate by the moral law. This means that we will "do good and avoid evil" and will attempt to live and work in transcendental directions (truth, oneness, good and beauty). Fourth, we will refuse to divulge confidential medical information. Fifth, physicians will look to others for help in providing care as well as offer help to those physicians requesting it in consultative mode. Sixth, we shall shun differences in all whom we treat, providing care for all equally regardless of what separates us from one another.

This Oath is all we need. The Hippocratic Oath is all we ever needed. The trouble is, we cannot follow it now for HII patients because such enables the HII to get away with their communist style such that we do not get paid (which is slavery). We will never get the Oath back or be able to follow it until confidentiality is first restored (Stand mute; deal only with patients; and sign no contracts!)

It can be done

We must recognize that **physicians essentially have no friends**, except for some of our patients, and perhaps a few pharmacists and other medical professionals or suppliers of medical products. Look: **There is no respect for physicians today except feigned for hidden agenda.** No one will help us to reestablish and preserve the ethics of our profession. That responsibility falls squarely on the shoulders of those physicians who have the courage to choose ethics over compromise. We must resign, reboot and restart the profession. Things will only continue to get worse if we do nothing. I know that many physicians will say “it will cost me money”, or “I can’t afford it”, or “my partners won’t support me.” These compromising individuals care much more about their financial situation than the independence of our once noble profession. And, the suicidal compromises made by this herd of sheep in white coats are largely responsible for the dismal state of our profession today. But our situation will be much worse 5 years from now if we do not resign now. It is as the ad says: “Pay now or pay more later!” The HII and bureaucratic agencies, including government, will continue to create more dollar shifts from actual patient care to the megabureaucracy, to the detriment of patients and physicians alike.

The principle is **subsidiarity**: Give the people their money. Each person gets \$3,000 per year to their social security numbered account (at 300 million people that is 900 billion dollars). This removes the “psychology of poverty” immediately from everybody, because everybody will have assets of some form of another. With health care expenditures of 2 trillion dollars, that leaves 1.1 trillion dollars back up in medical reserves for catastrophe coverage and whatever. The answer, of course, are Health Savings Accounts possibly first formulated in embryonic form by me in 1995 in a small booklet entitled “Health Care Security, How to Save Health Care Dollars, Get Rid of the Health Care Industry and Reprofessionalize Medicine at

the Same Time.” Those ideas were reformulated in 1999 and finally published as “Medical Savings Accounts” in Social Justice Review July/August 2006 Pgs. 105-109. “Medical Savings Accounts”, now “Health Savings Accounts”, establish the doctor-patient relationship, remove the communistic third party interference, and actually will remove poverty from the psychology of some Americans with low earning power.

Of course, physicians and patients will pay a price -- but the price will not be nearly as high as the price we will pay for the present course of abandoning professionalism and embracing physician slavery and bad medicine. We must turn away from the HII bureaucrats, including those who were once physicians, and who, with no shame, still append an “M.D.” to their name. We must not allow any continuation of the quest to enslave us and destroy the practice of medicine. We must resign from all third parties, **now** as one profession. We must declare independence as the good of our patients and survival of our profession depends on it. There will be no exclusive contracts with the HII excluding any physician or any medical providing organization. The HII will have to deal with patients who have the freedom to go where they want to spend their money. Just do not do whatever HII wants but deal only with patients. We will not strike, but we will shut our offices and join you in jail if need be. And I hope you will join me should I be there first.

(This was originally written in 2006. I was over-criminalized and spent 5 months in prison in 2013--see “Convicted...”)

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None.

Conflicts of interest

The authors declare that there is no conflict of interest.