

American Health care is at the forefront of the 2020 Presidential Election. Re: Understanding the American healthcare reform debate

Re: [Understanding the American healthcare reform debate](#) Donald M Berwick. 357:doi [10.1136/bmj.j2718](#)

All too often there is a knee reflex response to problems and in this 2020 election year, healthcare costs and proposed solutions are no different. The introduction of Medicare-for-All or a single payer system is one such reflex in response to addressing a health care system in financial crisis – a crisis produced by those who now conveniently claim to have the answer for us.

As we consider this proposed Medicare-for-All approach let us consider the healthcare consequences found in those countries using Government controlled medicine including the financial crises these countries and their patients now find themselves in [1-5].

While the American health care system consists of some of the best doctors and facilities for patient care in the world, the payment of that system has been built upon the policies driven by BigPharma and it's lobbyists in Washington; CMS - the lawyer driven health care system; and the lawyer run malpractice system; resulting in too many physicians practicing CYA medicine, instead of focusing on the patient. All of which have driven healthcare costs up.

Payment of medical costs has now become the NUMBER ONE concern for American voters in this 2020 election year. CMS – the lawyer driven Federal Government directed healthcare system, decides what doctor patients can see, what hospital they can be admitted to, what tests and treatments including drugs, patients can receive, and how much will be paid for all of this.

The consequence of this Government control of healthcare has resulted in many physicians being unable to afford to see CMS patients. Those doctors and hospitals that continue to take CMS patients can only afford to do so by compensating and increasing medical costs to other insurance companies and people who have no insurance. Absent this compensation, many of these doctors and hospitals would be unable to financially continue to provide patient health care.

16 February 2020

Richard M Fleming

Physicist-Cardiologist

Tapan K. Chaudhuri, MD (Eastern Virginia Medical School)

FHHI-OI-Camelot

Los Angeles, CA

[Respond to this article](#)

[Read all responses to this article](#)

BMJ 2017;357:j2718

The dramatic increase in healthcare costs is the direct result of the imbalance produced by the need to compensate for CMS – Medicare and Medicaid. Apart from the CMS driven increase in health care costs are the increased costs associated with BigPharma, which has the power to drive up the price of its prescription drugs including opioids, insulin and radioactive tracers, given its lobbying control over Congress and the FDA. Even in the face of misrepresentations BigPharma increased the sales of their drugs - resulted in tens of billions in extra sales [6-8].

Surrendering medicine to the politicians, lawyers, courts, bureaucrats, and BigPharma - all of whom contributed to the problem, will not control healthcare costs. Improvement in healthcare and reduction in healthcare costs can and should be restored through a free market healthcare system driven by physician outcomes and evidence-based medicine.

References:

1. Government underestimates challenges facing NHS which could “rapidly reach crisis point”, MPs warn. Health Correspondent 3 April 2019. <https://www.independent.co.uk/news/health/government-nhs-crisis-staff-nu...>
2. Is the NHS in crisis? <https://www.kingsfund.org.uk/projects/nhs-in-crisis>
3. The NHS crisis in five charts. 17 January 2018. <https://www.unison.org.uk/news/ps-data/2018/01/nhs-crisis-five-charts/>
4. The Fix – Canadian Healthcare Wait Times Crisis. English News, 5 July 2019. <https://medicalconfidence.com/the-fix-canadian-healthcare-wait-times-cri...>
5. The Ugly Truth About Canadian Health Care. Socialized medicine has meant rationed care and lack of innovation. Small wonder Canadians are looking into the market. Sept. 2007 <https://www.city-journal.org/html/ugly-truth-about-canadian-health-care-...>
6. Fleming RM, Chaudhuri TK, McKusick A. The FDA, HHS, Sestamibi Redistribution and Quantification. Acta Scientific Pharmaceutical Sciences 2019;3(5):47-69. ISSN:2581-5423. <https://www.actascientific.com/ASPS-Article-Inpress.php>
7. Fleming RM, Fleming MR, Chaudhuri TK, McKusick A. Definitive Human Studies Demonstrating Clinically Important Sestamibi Redistribution. ACTA Med Sci. 2019;3(7):66-77.
8. Fleming RM, Fleming MR, Chaudhuri TK. Efforts to Visually Match 5- and 60- Minute Post-Stress Images following a Single Injected Dose of Sestamibi Clearly Demonstrate Changes in Sestamibi Distribution; Demonstrating Once and For All Clinical Recognition that sestamibi redistributes. J Cardiovas Med & Cardiology. 2019;6(2):030-035. DOI: <http://doi.org/10.17352/2455-2976.000087>

Competing interests: FMTVDM issued to first author.