

HEALTHCARE REFORM

The U.S. Dilemma. Obama's Big Challenge
One doctor's take on healthcare in the United States

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Dear Subscriber,

The U.S. Dilemma. Obama's Big Challenge *One doctor's take on healthcare in the United States*

(The views given are based, in part, upon being a physician in the United States since 1982. During this time, I have practiced many years of acute care, hospital based emergency medicine, treating both insured and uninsured, both people presenting with trauma and illness. Currently, I am in practice in the United States as a preventative health physician, treating patients on a holistic, alternative healthcare basis.

In the past years I have been involved in various public health assistance roles, including designing a mobile indigent health delivery system in Los Angeles in 1990. I have seen the consequences of lack of health education on people's lives, and I have seen many sides of the healthcare issues from many perspectives. It is from the totality of these experiences that I provide the views that follow.)

People today are walking into hospitals, staying overnight and leaving with \$14,000 bills. Or they stay 5 days for care and leave with a \$60,000 debt. People at the end of life are having 250,000-dollar price tags for their last month of living, taking all of their remaining assets. 18% of the U.S. gross national product is spent on healthcare now, and very little of that is actually going to you the patient or the doctor-provider. This is bankrupting individuals, families and U.S. society.

Not surprisingly, with so many additional people in the U.S. without insurance, underinsured or who can't afford insurance, the World Health Organization (WHO) has once again lowered its ranking of the U.S. to # 38 in the world in its ability to provide adequate health protection to its citizens. Can you name 37 countries you think have better health care systems? (France is rated # 1) **Obviously having the most national wealth, and spending the most for health is not the solution - perhaps we need to consider if it is part of the problem!**

The philosophy of the U.S. healthcare system today has the wrong foundation of health, which is to "prevent people from dying." We *treat* illness and we *respond* to health problems primarily. We have a legal system that incites and contradicts the whole well-being of the system by throwing threats of lawsuits at everyone involved in this process.

We also have a moral culture that, at the same time, dictates everyone should be entitled to healthcare, yet that system is run and operated by all profit-based entities seeking to maximize their income for providing this moral manifesto. No one is happy in this current system, certainly not the patient or the doctor.

To fix this, it is necessary to change to a right foundation of health to "**help people live well,**" and not simply to prevent people from dying. A new United States healthcare system needs to **stimulate well-being and prevention** instead of responding to disease only. When illness is encountered, we need to **treat the person instead of the disease**. A new system **needs to run efficiently and economically**. People must be allowed to leave this life without a maximum, all-out financial effort to prevent that from happening. As for prevention and education, "What education?" There is virtually none in this most advanced scientific country.

To fix healthcare will require a change and *cooperation* among people in the U.S. culture unlike ever before. **All the existing financial entities will oppose this!** Change will not happen unless people become activists and leaders take real changing action.

National Healthcare Already Exists in the United States

- 1) Like it or not, and for many people who don't know, the United States has had a form of National Healthcare Policy for the last 20 years. That is, anyone in the United States, citizen or foreign, can present themselves to any emergency room of any hospital in the United States and they will be seen and treated, *by law*. The hospital MUST provide that evaluation if they have an emergency room, the nurse working for the hospital MUST triage and evaluate that person, the physician on duty MUST see, examine and evaluate that person AND everyone involved must provide treatment including transferring that person to another doctor or hospital if that is required.

In addition, every doctor on call at another hospital must receive that patient if there is a bed available and they can provide a necessary level of care. **This is current law in the United States.** Doctors and hospitals face huge fines for not providing this care, and whether a person can pay or not, has nothing to do with whether he or she receives this treatment, *almost* (but that's another story). Eventually, people with insurance pay for this care, but much of this expense is paid for by the hospital itself, state and federal governments (we, the public). Doctors do not receive payment for every patient they see and take care of in this situation.

Access to healthcare is now considered a right in the United States and numerous laws (COBRA EMTALA) now exist confirming it is so. As long as everyone is eventually going to receive healthcare benefits from SOMEONE, the entire system should be made efficient and fair.

The culture and economy of the United States pays for all health care eventually. The federal government pays for veteran expenses, states pay for indigent healthcare within their state, and mental health patients are probably the least provided for nationwide. Insurance companies pay for expenses that *they* determine are allowable, usually after much delay (taking in a large profit) and citizens of the U.S. pay directly from their savings or assets. The range of fees are highly varied depending upon who is doing the billing and who is doing the paying. Ironically, institutions and financial entities with the most power pay the least and private pay individuals or families paying cash, pay the highest of all! This is not fair.

- 2) The decision to provide healthcare to everyone and anyone in the United States has been a culturally based, moral decision, not a financial one. The problem is that the methods of providing this healthcare in the United States have been an ever-growing, evolving process, which has developed out of a mixed agenda of how to best achieve healthcare delivery.

Corporate entities involved in providing healthcare to people ALL are financial institutions whose goal is PROFIT. So it comes to present time when all these profit-based institutions are performing healthcare functions in a morally based society, and the profit institutions simply have no care for the moral issues underlying healthcare. Money and caring health do not mix.

There is a great conflict of interest here in the United States which is why the financial ramifications of all this is that a vast wealth of the United States is spent on healthcare. You'd expect the United States to be the top healthcare provider in the world as it does spend the most per person, 37 countries are rated better, however. That's how poorly and inefficiently the United States operates as to healthcare. Most people don't realize economically, that the great percentage of the national budget spent on healthcare is bankrupting the United States and contributing to the *overall decline of the U. S. culture*.

Healthcare expenses account for a large part of bankruptcies including 75% of which, people *have* insurance. Formation of trusts and manipulation of financial institutions occurs, all due to costs of healthcare and the threat of financial disaster when illness or accident happens. People will even pick their very jobs or careers, based on whether they get healthcare. You can fly to India, pay cash for an operation, and spend less than your U. S. insurance company deductible and co-pays. In Arizona, you can drive to Mexico and spend 90% less for dental work than you would have to pay in the U.S. (By the way, quality is very high in both these countries.)

Finances and Insurance

- 3) Like an un-managed tree which no longer provides the fruit desired, the U.S. system of healthcare is in great need of pruning and re-shaping. People must realize that the culture, which is to say the very people of the United States, will benefit most from re-forming the system. The bureaucracies and financial institutions involved in the healthcare process of the United States are not real people, they have no souls! It is important to realize the priorities of who is being served and benefited from this great need to re-shape the way healthcare is provided in the United States.

If some or all institutions must be altered or even eliminated, then that is simply what must be done in this time. When over 18% of the United States gross national product is spent on healthcare, - that translates to a great many institutions involved with the changes necessary to make. The present and future people will benefit from making changes now. The one thing that would be *worst*, is to simply expand the current inefficient system to spend more when it is so detrimental to the culture to continue to do so (that seems to be the plan at present). That requires change and a great examination of everyone and everything that operates in the current healthcare system. That requires a central, holistic view of the reform process.

The financial nature of the private and public entities governing, regulating and providing healthcare, propagates *non-delivery* of health resources to its people. After all, private companies exist to extract money from a population, not to serve it in any way. Blockage and prevention of healthcare is their goal as it leads to more profit for those companies. **When this foundation of healthcare operation is not based on humanity or service it will always fail.** Service is the nature and foundation of healthcare. As long as society (and it has) determines to essentially provide universal health rights to the population, it just as well do it in an efficient, economical and positive manner. This is the complete opposite of what exists today in the United States!

- 4) In the U.S., many people have only catastrophic healthcare insurance. Insurance premiums are so high and deductibles so high, that most people are basically paying for catastrophic financial protection. Since most people won't ever have catastrophes, they are paying a great deal of money for theoretical protection they never use. That is, their insurance premium money goes to insurance companies when in reality, most people will rarely use that money on an actual health problem. Smaller problems are paid out of your pocket because of the high deductibles. There's a reason insurance companies write the plans you sign and agree to, because they favor them not paying you most of the time. It's like going to a fixed carnival game, you rarely come out ahead.

In the current system, that is the only way insurance companies can make profit, they have to have more money paid them than they pay out. Money paid for all their employees and owners who provide no actual healthcare. You can see a conflict of interest in the current moral system where financial entities provide the societal moral desires.

Except for the very affluent and poor, most middle class Americans end up paying high premiums for what is essentially catastrophic healthcare benefits – monthly premiums that are more like expensive insurance against financial ruin than true health care benefits.

I am a physician and I cannot afford healthcare insurance. Insurance agents tell me everyone has to routinely change healthcare insurance every 1 to 2 years because *all* the major insurance companies automatically start making large 15-30% premium increases one year after you start their program. Patients are forced to either pay the higher bills or go through the difficulty of finding another insurance carrier.

The costs of healthcare have become so socially, financially significant that people will often choose to work for a very large company or government – just to obtain major medical insurance from their employer. Governments and large corporations are often the only entities that are big enough and have deep enough pockets to provide such universal healthcare benefits. Interestingly, many big corporations have started seeing the value of paying from within for their own wellness programs for their employees as a form of cost effective preventative health.

- 5) Currently, there is a great redundancy of institutions involved in providing healthcare. Management of the U.S. health system is spread out over many competing and bureaucratic entities, both public and private. These multiple redundant systems waste societal resources and often delay what could be timely testing and treatment for people truly in need. At last count, I was told there were at least six federal departments involved in providing healthcare, not to mention 50 states with their own healthcare institutions. All these institutions employ non-direct personnel to monitor and oversee this one concern: providing people reasonable healthcare. Keep in mind this fact: that no matter what you call it or how it happens, it is the total culture of the United States that eventually pays for the health of its people. This is the common denominator and the reference point we must always use in determining the best system of providing healthcare, “How good is the Healthcare for how much it costs.”

Medicare and insurance have become a nightmare in themselves. So complicated and frustrating is the private insurance business and public Medicare business that most doctors have to hire an outside firm to do their insurance billing – it is so set up to stop payment for healthcare. Costs of billing add another 10-15% to the costs of providing healthcare. Medicare on the other hand has taken upon itself another legal power over doctors, such that if doctors agree to take Medicare, they open themselves up to the legal authority of Medicare enforcers to fine doctors up to \$10,000 for not having their paper work correct or running their offices satisfactorily. This degree of legal oppression by the Medicare system directly counters the physician’s desire or ability to maintain a good feeling environment within their practice. Doctors are forced to hire out all their billing requirements in order to 1) get paid and 2) not be fined for not understanding the system. This raises costs to the consumer.

Allopathic Medicine and Education

- 6) Without a doubt, the United States has a system of healthcare that is disease-based, problem based medicine. All hospital based institutions operate on treating diseases. The vast majority of allopathic specialties are based on treating already current problems of health. The allopathic system hasn’t really worked out a very thorough plan of how to maintain health or prevent problems from happening.

The scope of preventative healthcare that is most addressed by holistic or alternative healthcare practice is still a minority in the United States, *and it is not covered by insurance*. The show of how poorly current scientific, allopathic medicine is doing in preventative healthcare, is that people are spending 11 billion dollars a year out of pocket to prevent or self-treat their health conditions. This is how badly traditional medicine is viewed for preventative health.

Allopathic medicine is NOT the only and ultimate healthcare system of validity or value, particularly in regards to prevention. Allopathic medicine is terribly lacking in areas of nutrition, nutrient therapy, food therapy, herbal therapy, energy medicine and behavioral therapy: all of these areas relate primarily to prevention. Universal medical and health benefits for people need to incorporate these potential areas of healthcare to be truly effective.

- 7) **You can look at the total lack of health and body education in the United States to see the origin of illness.** Education today in primary and secondary schools still goes very little past basic education of the “4 food groups,” which in itself is incorrect. Whether this lack of education comes from an unwillingness to talk about bodies and what that might imply to sex education, I am not sure, but the result is total disempowering of responsible healthy living. Very little is taught about the human body compared to the intellectual knowledge taught in math, English and physics. The result is disaster personally, morally and financially for the United States. The total culture pays this final financial price.

The best example I can give is of a real patient who presented in the evening to an emergency room of a hospital many years ago who was a 50-ish man who died en route to the hospital from a heart attack. When his wife arrived later, and I asked her what had happened, she re-told this story: “her husband had strong dull chest pain all morning and some difficulty breathing. He also had some pain in his left arm. He just didn’t feel right.”

Then, the wife looks at me and asks, “Is there anything she could have done?” I’m thinking to myself, “yes, your husband had classic heart attack symptoms all day and neither of you realized it,” but instead, at this point I just said “no, it was probably his time.” Now, it might have been his time because I wouldn’t know. The point is this, from my 25 years in medical practice, **the waste in human life and quality of life from a lack of basic body and health information is the most destructive and costly element in the United States.** If society wants to improve life and save money in the long run, then total education about health and body must be a platform of any healthcare reform, no matter what the price, it will be saved later and your children can thank their parents and grandparents for providing this benefit for their future life.

Helping people live well is a less costly perspective on healthcare where money spent on prevention, health and body education at an earlier age than the current “never,” would all help align healthcare costs to a sustainable form of world, community, family and individual health. An ounce of prevention “costs” a thousand times less than the several pounds of late cure, which is rarely a cure at all.

Other forms of Preventative Health

8) I mentioned holistic, alternative healthcare earlier as it relates to prevention of health problems, because people are lacking this from the current medical system in the United States, which is dominated by allopathic medicine. **It would be a mistake to assume that allopathic medicine is the only and best form of healthcare.** Some of the best preventative medicine is provided “out of system” to patients who seek newer alternative healthcare techniques and older philosophies of restoring health. Behavioral therapy, food therapy, nutrient therapy, herbal therapy are all types of care provided outside of the Medicare and insurance system because they are NOT covered by insurance. Alternative therapies are usually safer and sometimes more effective than allopathic treatments. All other countries embrace alternative forms of health and healing and the American consumer desires freedom of healthcare choices also.

In other parts of the world, allopathic medicine exists alongside homeopathic, ayurvedic, Chinese, herbalists and other natural practices and therapies as potentially accessible by anyone desiring to seek health benefits. In the U.S. however, allopathic medicine reigns as a legal bully reprimanding and extinguishing all other types of healthcare practice using the state backed and legislated power given to allopathic boards to rule over MD’s and DO’s. This is extremely detrimental to the population as they are deprived of great, simple, preventative healthcare due to the scientific arrogance of allopathically trained doctors and enforced legal penalties. Doctors of MD or DO training who understand the value of other modes of healthcare are legally oppressed through the current state backed forms of allopathic medicine board control. Allopathic medicine should exist alongside all other forms of healthcare and not be the end all, be all controller that currently sits on top of all other healthcare services. Allopathic medicine is missing great amounts of truth and effectiveness in handling many forms of current human sickness.

After the sciences of body are taught to physicians, training goes on to disease- based diagnosis and treatment, as currently taught to physicians in training across the United States. This overlooks how people become sick to begin with. Allopathic medicine is predominantly disease based, result based training and treatment. Having gone to a good medical school myself, I know the value of this training and perspective. It took me years later of seeing people coming into emergency rooms with full-blown disease to realize the causation behind why and how they came to have the problems they had. Getting to this early core and heart of health, or the lack thereof, is fundamental to both lowering the cost of healthcare upon the United States people and elevating the level of well-being in the United States.

There are other forms of healthcare being provided in the world that surpass the current allopathic-only model of training. Allopathic medicine is based assumedly on science. But one of the greatest misused principalities of the current world is the unintelligent use of science. Science is not inherent truth and there are elements of life that are beyond current science to acknowledge or test. Food therapy is a valid form of treatment and prevention. Nutrient based therapy is a valid and effective form of prevention and treatment for many people.

Herbal based therapy is a valid, safer than prescription drug, form of health treatment and health maintenance. Homeopathy is a very effective form of therapy for many people, when often, nothing else seems to even work.

Chinese herbal based medicine, Ayurvedic life, constitution and herbal based medicine are all more preventative and safer forms of medicine than prescription drug therapy. Prescription drug and allopathic medicine have great uses, but we should not be excluding by education or choice, these possibilities if you want to empower and improve the healthcare status of people in the United States. The culture of the United States will save money in the long run and improve quality of living when these sideline healthcare practices become mainstream in the right conditions.

The great value from modern allopathic medicine is in the technology of testing, diagnostics and invasive or surgical treatment. Here, allopathic medicine and hospital based medicine excel. The trouble is with the financial entities controlling the uses of this type of medicine, as it hinders people from having full benefit of the diagnostic capabilities of modern technology, and when they do, it is extremely expensive. Look at anyone you know who entered a hospital for tests and the amount of their bills will quickly confirm this prohibitory expense. People having procedures done in a hospital often pay more than double the cost for the same procedure done in an office, such as having a colonoscopy. Independent radiology businesses have sprung up all over because they can charge people less than hospital charges for the same procedures.

When it comes to actual hospital treatment, people would benefit by a holistic hospital experience where there is actual rest, wholesome natural food and nutritionally selected therapies that do not include artificial chemicals. A recent stay in the hospital for my mother-in-law showed me how poor food, constant awakening from staff and hourly in-room intercom messaging worsened her condition and prevented restful healing. She had a different doctor (hospitalist) every day who only knew her from the chart - there was no continuity of care. It was piecemeal healthcare that overlooked her as a whole person.

What insurance often pays for today is behind the most current thought and therapy of health. If you want the most advanced treatments available, you often have to look outside the standard insurance approved types of treatment and doctors.

“Standards of care” as decreed by traditional medicine often force more practical, preventative and holistic medicine to be excluded from patient options. The legally dominant system of pharmaceutical-based allopathic medicine rules the healthcare world. This is a misfortune for the public and the physicians who know the value of preventative medicine.

“Standards of care” are often academically defined treatments and testing that have been decreed by experts in various parts of medicine, and if a doctor or hospital does not treat every patient in exactly this way they are open to lawsuit. Lawyers have manipulated this phrase to alter the very individual basis of how healthcare used to be practiced in the U.S. This makes independence and free-thinking in medical practice disappear. Healthcare providers who provide preventative, alternative or holistic treatments of illness become legal targets, thus crushing any non-allopathic philosophies of healthcare.

Legal Costs of Medicine

9) People don't realize the vast expense legal effects have upon what healthcare costs the individual and society. People think the legal system is protecting them when in actuality it is costing them. Current legal system practices encourage conflict within healthcare. The true purpose of a legal system is to *resolve* conflict within society. With conflict there is huge personal, societal and financial waste. As currently practiced in the U. S, the legal system perpetuates conflict, it is very expensive for everyone.

Financial/legal manipulation and personal gain derived from the aspects of personal health accidents and misfortune, is itself a misfortune. **Legal aspects of providing healthcare resources in the current healthcare system raises the expenses paid by society for healthcare by 33 percent, in my opinion.** This waste of societal health resources arises from:

- 1) Malpractice insurance paid by hospitals,
- 2) Malpractice insurance paid by physicians,
- 3) Claims paid by insurance agencies,

- 4) Attorney fees all across the U.S., and most importantly by
- 5) The vast over ordering of expensive tests by physicians who cannot afford to risk ever missing a diagnosis because that would lead to lawsuits in the current societal legal system - **that legal system is wrong and damaging.**

Our society eventually pays for all bad outcomes and it would continue to do so under changes to a newer system, but do so without conflict and with more efficiency.

The legal aspects of providing healthcare have evolved into a tremendous burden upon the American seeking health insurance. Costs associated with legal medicine are totally passed on to the individual and society. Physicians leave medicine early (wasting their partly state-paid training), because they no longer have any joy or sense of fulfillment practicing medicine. The legal oppression upon physicians can be felt by the rare *personal* relationship offered anymore by physicians. The negativity and lack of caring associated with current healthcare practice has destroyed the quality of the patient – doctor relationship. The family physician has been replaced with the business mega-clinic. Who would you rather see?

Taking the ability to sue doctors out of the legal system unless the conduct of a healthcare provider is overtly criminal, with which there would be consequences, would be the second most important change to the healthcare system after education /prevention. I doubt however, that the current white house leadership, who are lawyers, have the wherewithal to truly take corrective action in this area, but without it, the system will truly never be fixed.

The personal relationship of physician and patient has been ruined by the effect of malpractice claims. The famous Norman Rockwell image of doctor and boy has become a thing of the past. **Most doctors now look at patients as potential adversaries and lawsuits - there is no health and well-being in that!** Good healthcare requires communication and time spent between patient and doctor. The opposite is occurring today, due to the legal and financial forces in play.

If you want good healthcare, the physician must care for you, and you have to have a certain amount of trust in them and their education. The world of business has replaced the moral relationship between patient and doctor, which is most important to well-being.

Doctors, like everyone human, eventually make mistakes. It's not the medicine but the nature of being human which proves this. Society should provide for these mistakes if it wants an all inclusive healthcare program. Society pays for it now anyway, one way or another, through one financial entity or another. Removing the capability to sue a provider for malpractice, but removing a truly incompetent individual from practice would be a better foundation to healthcare. It would greatly lesson redundant testing, save malpractice premiums that you, the patient currently pay for, and restore the friendly physician-patient relationship that may actually be more important to health and healing than recognized in this scientifically and pharmaceutically emphasized breeding ground of bad feelings and bad medicine. I suggest that no lawsuit be possible for unintentional omission or commission of medical practice. I do suggest that all people who unfortunately have bad outcomes be provided for by society.

Excesses of Modern Healthcare

10) There are far too many people riding the healthcare financial wagon than are pulling it in this country. I have seen so many people on complete disability income being paid that could really be doing *something*. This burden upon society needs to be reviewed on a state or case by case situation. It is possible to help people for a time, and partially for a lifetime, but now the system is abused and easily overused in my opinion.

Entire industries exist solely on the basis of providing billing services to the numerous institutions that are supposed to reimburse healthcare providers such as hospitals, laboratory and radiologic institutions, physicians and ancillary therapy providers. This is extra healthcare waste.

While Medicare has exerted a tremendous control of how money is paid for healthcare, some procedures and testing expenses are still being billed at such high rates that hospitals make large amounts of profit from increasing and emphasizing the newest testing procedures, and they bill far higher than independent free standing providers quite often.

Radiologists, who interpret most testing results, can make 3 plus million dollars a year, while first providers such as pediatricians, family practice physicians, general practitioners and alternative healthcare providers, who provide direct preventative healthcare, may make \$80,000 to \$300,000 per year. Such is the warped emphasis being placed on post-illness testing versus preventative healthcare medicine.

Under this current system, a vast amount of money is changing hands, but not going to the people in need, or the direct providers of that healthcare system. Inefficiency, waste, elaborate testing and treatment expenses, and a nearly exclusively pharmaceutical basis of healthcare is being presented in the United States under its current financial and legal framework. Pharmaceutical industrial giants make vast amounts of money and maintain colossal political influence. Many senators and representatives make millions of dollars as lobbyists for pharmaceutical entities to exert control over legislation that benefits their already financially, highly profitable pharmaceutical clients.

11) To touch upon more costs savings, one needs to look at how financial incomes have evolved with medical care and specialties. Some of the least profitable medical occupations are those doctors who provide family and preventative healthcare to the public. This type of medical work is the most difficult as it involves personal patient, interaction. Some specialties of medicine have evolved to command outrageous incomes and ironically, have the least amount of patient interaction.

The field of medical testing is one where great cost savings could be made if technicians were trained and allowed to read some of these tests. Because this is a very important area of potential improvement in health maintenance and prevention, it would be wise and a great savings to make this change for much of diagnostic medicine.

12) There has been a great fanfare for “improving healthcare savings” by forcing a complete conversion to a universal digital medical system. I personally believe this will cost a great amount, but this proposal to healthcare reform is easily touted because it doesn’t cost any of the current healthcare financial entities their jobs, so it diverts cost savings attention away from them. Computerized healthcare might in the long term prove better, but it is most beneficial for the companies making the software systems, and then there is the issue of privacy and the costly effects upon independent healthcare providers who work outside of the current Medicare or insurance system.

13) Corporate and business irresponsibility towards societal health is rampant. Now that obesity in children and adults is the #1 preventable cause of disease and death in the United States, surpassing alcohol and tobacco (which we legislated against advertising), grocery store chains like Wal-Mart and all others still use the intentional business practice of "Impulse selling" to promote damaging junk food sales to the unaware, uneducated public.

Displays of candy, soda pop and other junk foods are stacked all the way to the floor at the check out lines of irresponsible businesses to increase purchases and profit of these damaging and deadly "food" products. “Impulse selling” involves displaying this candy at eye level to entice kids as well as adults to pick them up while they’re forced to wait at check-out lines. This is corporate irresponsibility that flies in the face of truly being concerned with the public good.

Conclusions

CONCLUSION: The United States currently has a system of healthcare that is not working in any sustainable way. The system of delivering healthcare in the United States is tremendously redundant, wasteful of financial resources, wasteful of human resources, and wasteful of time to all involved. Spending the most for healthcare in the world is not the solution, but it is a part of the problem.

As long as the population of the United States has determined that everyone is entitled to healthcare by physicians and hospitals, then that care should be delivered efficiently, fairly and expediently. Efficiency can be related to financial use of resources and time between initiation of symptoms and evaluation/therapy.

There is a renewed emphasis on fixing the system, but if foundational changes are not made to the extent I am describing, it will be a case of throwing good money after bad. Patching the system will only provide more wounds to financially bleed from and will squander money on an ineffectual system whose very core should be replaced.

Healthcare reform has to start with the basics - which is philosophy. What is it you want to accomplish? Relieve suffering, improve well-being, better is to *prevent* suffering. We need to efficiently and economically provide outcomes satisfactorily to ALL involved in the process: patient, healthcare provider, hospital staff and the paying public. Notice that I only listed real people.

I believe using one system of universal healthcare could be provided in a better and less expensive method than is currently being administered today. The change to a combined system might seem dramatic now, but the reorganization would be so beneficial that it should be undertaken from a cultural survival perspective.

Change requires restructuring and elimination of some of the financial organizations that operate today. There is no way around this, but this is good, for we as a society have determined the need for a better way of providing healthcare and living. When the best preventative healthcare is built up around nature, pure foods and lifestyle, how do we implement a natural based healthcare program when financial entities produce many contaminants and damaging food products, when current healthcare practices are running on legal, fear based programming, when the dominant medical advice and practice is built around unnatural synthetic drugs?

Changing healthcare will be difficult, because the majority of people have misconceptions of what proper healthcare is, and have no experience in preventative health practices. Big business is bought into the flow of money involved in healthcare currently, and advertises and lobbies massively to convince their drug, their way is best. Systems of insurance are set up to perpetuate the system and legal requirements are now dictating much of what hospitals and doctors MUST do, order and test.

Entire industries and administrative entities must be done away with, reformed or incorporated into one administrative body. This would save incredible amount of national money and would provide better healthcare to people than currently is possible. Asking all the businesses to voluntarily make less money off healthcare would be like asking the foxes to stop stealing chickens. I don't think you can believe those pledges.

The right foundation to healthcare is the foundation of "helping people to live well!" Upon this foundation, a unified and efficient national healthcare system is mandatory. That is not a system without limitations, but a system with life quality and economical goals, efficiently produced in a streamlined functioning society. **The end user goal of having trained healthcare providers independently accessible to deserving patients is still the ideal manner of obtaining healthcare.**

The current system of healthcare in the US leaves out 25% of the population, restricts the patient's choice of health provider, and often overpays certain categories of health expenses with extreme wastes of capital. Charities are judged by what percent of contributions made to them actually go to a child. How much of your insurance premium has ever gone to a direct health provider or a medical test, do you think?

Doctors must be allowed to make clinical decisions without the current legal consequences. What the U.S. has now is 90% pharmaceutical based medicine. Without synthetic drugs, most doctors would not know how to help a patient and this is sad. Most doctors would say they practice an "evidence based" form of medicine, but this I would contend with as evidence has also shown the value of exercise and healthier diet, but most doctors have no know-how to provide this "therapy." Many scientific evidences have been wrong. It has been estimated that "evidence based" Vioxx killed 50,000 people and in fact, **death by prescription drug is now considered to be the killer in 1 out of 4 to 6 people.** Safer alternative therapies with less risks ratios being not so well studied, but with history of use on their side, have been denounced or unused by the allopathic status quo.

The United States healthcare system and management thereof is currently based upon *response* to illness and doesn't touch the most important aspect of *prevention*. As a physician who has seen years of "sudden" medical events bringing people to a hospital emergency room, I have personally seen the waste of life and money in a society that doesn't protect its people from harm through the practical uses of education and society resources. **I have seen the personal health disasters that come from being in the lower economic structure of American society.**

On the other hand, institutions and “soulless” corporations that deliberately manufacture, distribute and sell damaging foods and goods SHOULD be held responsible for their preying upon society’s weak and profiting from encouraging people to be ill. Think about it! Why would a pharmacy at any grocery store or super center invite you in to pick up your pharmaceutical drug because you are ill, then, have you walk through a gauntlet of subliminal candy, soda pop and junk food items, that make you sick, on your way out? Caring for you – NO, carrying for their profit, YES.

The tobacco companies of relatively recent times are an example of how legally and politically influential companies can deliberately hurt and kill for their personal greed. There are other companies now continuing nearly the same role as the tobacco companies, making and encouraging consumption of sugar and candy and soda pop and artificial and unnatural ingredients, un-nutritious fast “foods,” - that the degree this happens makes the people of this country seem terribly ignorant, and their public serving leaders negligent! We need to start telling ourselves the truth and take action to choose the right remedies.

Interestingly, the current U.S. system requires the least amount of responsibility from people *receiving* healthcare and the most from people *providing* healthcare. That needs to change. If a person smokes today and gets cancer, that’s their responsibility. While there are many reasons for people being overweight, still if one is overweight, which most of the population currently are, it is ultimately one’s own responsibility and we need to quit expecting others to pay for our own choices that lead to bad outcomes. Costs of treating the consequences of excessive weight alone are estimated to bankrupt the current healthcare system as it exists now.

Corporate greed by individuals and entities that play no direct role in the transfer of healthcare between you and your physician, and a terribly misused legal system are the main factors in the expensive and shoddy #38th ranked US healthcare system. These 2 principles of misuse act upon a third source of poor quality of health and that is an inexcusable emptiness of basic body and health knowledge missing in the educational system in the United States.

Given the knowledge of nutrition, foods and basic body physiology available today, we barely go beyond the “false 4 food groups” in health education. The U.S. has totally left out health as basic educational life knowledge. Also left out are basic aspects of *self knowledge* and *personal development* in the areas of mind, emotions and well-being. You end up with an entire society at risk of hurting themselves and becoming ill in all forms of physical, mental and emotional disease and traumas. Education has rarely been proved detrimental to any advance in society, and now with health so long overlooked as significant in society, the United States is now bankrupting itself in its feeble attempt to provide standards of health to its population.

The best type of healthcare practiced is a “patient-based” healthcare which puts the patient first and empowers him or her to live well, in both a preventative atmosphere and treatment atmosphere. This is not an exclusively pharmaceutical healthcare system, nor is it strictly limited “evidenced based” healthcare system. **True causation of many illnesses is psychologically originated, behaviorally initiated and its true healing comes not from pharmaceutically based treatment.**

Behavioral therapy, food therapy, nutrient therapy and herbal therapies are all patient-based treatments which have historical truth to their benefits, but do not fit the scientific schema of testing, that single prescription drugs lend themselves. True preventative healthcare MUST require the patient to take responsibility for their health and not legally place this responsibility upon a post-disease treating physician. Most physicians today are not capable now of providing patient-based medicine. They are too legally limited, too uninformed and too caught in the structure and finances of the *business of medicine*.

No one will have any healthcare, Medicare or social security when the current system goes bankrupt from greed and waste.

How much would states save if no state had a need to finance a healthcare program?

How much more efficient would businesses be if they paid no healthcare?

How much would people save if they actually had health protection they could afford and that wasn’t raised 20% every year which is currently done by private insurance companies!

How much happier would patients be to actually have doctors talk to them and spend more than 5 or 10 minutes discussing their health.

How much happier would doctors be if they couldn’t be sued by patients and they could actually think, use their education and use discretion in the treatment of patients.

How much better off would patients be when they can actually see non-traditional healthcare providers for their preventative health or therapy.

Many of the people involved now with healthcare would be employed as part of a centralized healthcare system.

Local monitoring and central funding of a new healthcare system would provide both financial efficiency and personal interfacing with patients, healthcare providers and hospital.

Money is the reason special organizations and corporations are against reform and that's the very reason why people in the U.S. are so bad off with their health to begin with.

The line is going to be drawn with those who care about people on one side and those who care more about their own profit on the other.

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To your health!

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The opinion expressed is that of Dr. Mark Laursen, M.D.