Our Healthcare Sucks

You'll Never Look at Your Doctor the Same Way Again

John A. Lynch

How Medical Greed is Bankrupting America & Jeopardizing Your Life

OurHealthcareSucks.com

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Preface

Research for this book began long before “Obamacare” overtook America’s healthcare debate. In fact, it began long before President Obama was a national figure.

It started as an effort to analyze how patients could become more effective participants in their own healthcare. This seemed to me to be the missing link in our healthcare. Other markets require informed consumers to function efficiently, to make prudent purchasing decisions.

But being informed requires much more than greater transparency in doctor and hospital pricing, although that’s certainly a core requirement. It also goes beyond consumers having “more skin in the game” – the theory behind high-deductible health insurance that an increasing number of Americans now have.

My own decades of healthcare experience as both a provider and consumer advocate had obviously informed my views and opinions. But the more I dug into the actual performance of our healthcare system, the more concerned I became with the growing trend of America’s doctors placing self-interest before their patients’ interests.

I’d certainly witnessed some of this in my own experience, but not on the magnitude that the evidence suggests is now occurring. This caused me to revise the book’s title several times. *Our Healthcare Sucks* wasn’t chosen as a title to be provocative, but out of my eventual realization that - after all was said and done - it best expressed the truth of our situation in America.

Of course, I also hoped it would get the attention of a public distracted by the politics of healthcare and largely oblivious to its real dangers – physical and financial. For whatever the politics of healthcare in America may hold, medical expense is rapidly transitioning from a concern primarily for employers and government insurers to a concern for increasingly strapped families across America.

Even employees fortunate enough to have employer-sponsored health insurance are now paying over 40% of their total healthcare costs out-of-pocket – and that's expected to exceed 50% in short order.

For most Americans, health insurance is morphing into self-insurance, or at least co-insurance in which consumers pay a percentage of their exorbitant medical bills. This means the financial consequences of the rampant overdiagnosis and overtreatment discussed in the following chapters will increasingly be borne directly by consumers.

For this reason, readers may want to pay special attention to the discussion about "rip-off" and "watch-your-wallet" states. That's because healthcare reform – in whatever political form it may take – isn't likely to correct the underlying ethical failings that account for the excessive costs in these states, costs that threaten to bankrupt even more families. And most of the families being bankrupted by medical bills already have health insurance, so healthcare reform won't solve this crisis.

Because the pace of progress is so glacial in changing our healthcare dynamics, the onus for finding better ways to cope with all this dangerous and pricey overdiagnosis and overtreatment falls to the American consumer.

The hope here is that the chapters that follow will help empower you to do so.

"You shall know the truth, and
the truth shall make you *mad.*"

Aldous Huxley

Introduction

Health Reform

Missing the Boat
On Medical Corruption & Incompetence

This Introduction explores how healthcare reform in America – in the form of the Patient Protection and Affordable Care Act (ACA, or "Obamacare") – misses the boat by failing to address the fundamental failings in patient safety and medical ethics that are the primary concerns of this book.

This doesn't mean the ACA is without merit – or that it's taking us in the wrong direction. Neither is true. Though it remains far from perfect, it's the best that could be achieved in our currently polarized political climate.

Amid much ideological over-simplification, Obamacare is disparaged by its opponents as another entitlement giveaway at the expense of those who already have health insurance coverage in one form or another.

In truth, there's some merit to this view, if only in the very real fact that the bill increases the demand for healthcare without correspondingly increasing the supply of doctors and other primary care providers to serve this increased demand.

But it also initiates some very fundamental, and long-overdue, changes in how our healthcare is currently delivered that will benefit all Americans.

These changes are being embraced by private insurers and providers and are likely to survive regardless of the political fate of the ACA itself. That's important, because our current medical model in America is not only financially unsustainable, but increasingly dangerous.

This danger is amplified by the never-ending emergence of increasingly sensitive technologies that most of us regard as only beneficial. As a former MRI provider, however, I can attest to the downside of new imaging technologies that often detect abnormalities that aren't necessarily threatening and would otherwise go undetected and untreated.

Medical experts call this "overdiagnosis". And it challenges the conventional wisdom in which it's only a positive thing to be able to detect and treat these abnormalities earlier. Indeed, it challenges whether much of it should be treated at all.

"We are harming more than we are helping"

The medical experts who research such things have various terms for these abnormalities – pre-disease, pseudo-disease and, my favorite, "incidentalomas".

A recent report in the *Archives of Internal Medicine*[1] outlined the reasons why this is such an integral problem in grappling with our medical excesses.

As its physician authors conclude:

> "Overdiagnosis inevitably means…many individuals are subjected to the potential harms of treatment while being afforded almost none of its benefits…we are harming more than we are helping…

[1] Overdiagnosis of Disease: A Modern Epidemic. *Arch Intern Med*. Published online June 25, 2012. doi:10.1001/archinternmed.2012.3319.

> "The more we overdiagnose 'diseases' that do not have the same consequences of their older, clinically identified relatives, the more uncertain we will be about what to do when we find them…
>
> "We must question the notion that as technology advances, it always provides improved solutions to clinical problems...
>
> "On the contrary, we believe that medicine's growing faith in technology and 'objective' tests to supplant clinical judgment - coupled with the inevitable technologic advances that are more and more able to diagnose conditions of less and less clinical meaning - is already one of the most critical problems that we face and will only become increasingly hazardous in the future."

So the inherent dangers in American healthcare that are discussed in detail throughout this book – and especially in Chapter 4 devoted to patient endangerment – are likely to get even worse because of technological advances that are proving to be as harmful as helpful.

The ACA expects to reduce medical errors with better coordination of care envisioned with broader adoption of the Accountable Care Organization (ACO) model. The experience with ACOs to date, however, is that they also encourage overdiagnosis.

That's because the more diagnoses a patient population treated in an ACO has, the higher the ACO's payment rates. The mechanism is different and less direct, but the same incentive to overdiagnose and overtreat that drives our medical overspending in the still dominant fee-for-service payment system in America will carry over to ACOs as well.

Indeed, in a study in 2011 by the Massachusetts Attorney General's office, that state's ACOs – in the only state in America

that already has near-universal health insurance coverage – were among the state's most expensive medical providers.

So for all the positives that the ACA brings to America's healthcare system, the things it fails to address – at least in any meaningful way – may be prove important than those that it does.

Healthcare's "Dark Underbelly"

If you live in America, you may think your healthcare costs are already exorbitant. But brace yourself: they're about to *TRIPLE* over the next decade - health reform or no health reform - as unaffordable medical costs are further shifted to employees and self-insured consumers.

That's like adding another mortgage or rent payment – actually *two* – every month. Are you ready for that?

As you're about to learn, health reform is the least of your healthcare worries. It's our country's medical *ethics* that need reforming – and there's none of that in sight.

Health reform has taken up much of America's political energy, with both sides exaggerating its effects - both positive and negative. Based largely on Republican proposals from the 1990s - offered then as counters to Clinton-era health reform proposals - it is hardly "socialized medicine" or anything close to it.

Socialized medicine requires government control of both the financing and delivery of healthcare. Health reform does neither. It expands *private* health insurance and maintains the private practice of medicine.

Reform advocates, on the other hand, have over-promised with projected "cost savings" and re-engineered healthcare delivery with little chance of success.

That's because it relies on physicians to better coordinate their fragmented care. Yet health reform sends mixed messages by continuing fee-for-service payments that *penalize* coordinated care by paying less for it.

Such mixed messages sow confusion that perpetuates unethical and abusive practices described in the following chapters - ***the "dark underbelly" of American healthcare***.

Current incentives to duplicate services and order unnecessary tests and procedures are expected to be replaced over time. New payment systems, however, are likely to perpetuate how medical care is now so poorly delivered. Payment mechanisms will change, but incentives to tailor treatments to maximize profits will remain. They'll just be more indirect (see Chapter 2).

Affected suppliers can always find ways to "game" the most well-intended legislation – leaving problems largely unresolved, *or worse.* Any payment system can be manipulated by those whose priority is making a buck – an increasing portion of America's doctors.

This book explores American healthcare's "dark underbelly"

Not that *repealing* health reform will help. That would deny care to millions of Americans scheduled to be covered under health reform, while failing to address - much less correct - the underlying failures of medical ethics and clinical competence discussed in these

Our purpose here, however, isn't to dissect health reform, but to expose the flaws - often *fatal* flaws - in our healthcare delivery system that remain largely ***untouched by health reform.*** And if they're untouched by health reform, they'll remain untouched by its repeal.

In other words, ***the political debate is largely irrelevant*** to the far broader, deeper, and darker reasons our healthcare sucks.

And politically-charged cutbacks in spending to reduce our national debt will only exacerbate many of our current medical failings (see below).

These systemic flaws fall into two major categories: ***financial exploitation of patients and poor patient safety***. Neither of these are major targets of heath reform and most consumers remain unaware of the threats these represent to their families' physical and financial security.

In some ways, health reform has made these threats even greater.

By politicizing a subject not previously a political lightning rod, health reform has served to distract millions of Americans from the very real threats to their families' safety and to their pocketbooks.

Health reform has distracted millions from the real threats to their families' safety & pocketbooks

For many, their healthcare is now more about their political views than their true healthcare needs – which have *nothing to do with their political views*. There are far greater threats posed by our healthcare *status quo* than by any changes proposed under health reform.

If you have any doubts about this, the following chapters should establish that many American medical ***consumers are being routinely ripped off*** by doctors and hospitals alike. This may sound harsh, especially applied to a profession still clinging to vestiges of goodwill.

By the time you finish this book, however, you're likely to conclude it's not harsh *enough*.

That's because, in most other areas of our lives, being ripped off is strictly a matter of being taken advantage of financially. This is bad enough, but it's compounded many times over when your life – or that of a loved one – is also jeopardized, or even sacrificed, to enable someone else to profit.

"Ripped off" hardly seems a strong enough term for such life-and-death misdeeds occurring daily in American medicine. But it will do for now, as it's important not to overstate the case against what's become the norm in medical practice in many parts of America.

Given the magnitude of medical malfeasance described in these chapters, however, it may be impossible to overstate the case. It will just *sound* overstated because the facts themselves are so over-the-top.

It's Not *Just* The Drug Companies

Consumer surveys repeatedly show the American public blames primarily the drug companies for our out-of-control medical spending. But drug companies don't operate in a vacuum – they need doctors to *prescribe* their drugs in order to profit from their often dubious marketing practices.

This is where public perceptions fall short in failing to connect the dots between aggressive drug company practices and aggressive drug prescribing by doctors. The collusion between the two has reached historic proportions that taint the practice of medicine and threaten patients' health and safety.

This subject is explored further in our first chapter, but it's important for this Introduction to connect these dots for our readers because ***the central role our doctors play*** in this medico-economic charade is so often overlooked.

Here are comments from a medical review of physician conflicts-of-interest in developing guidelines for medication management of diabetes and elevated cholesterol:

> "About half the experts on the committees that wrote national clinical guidelines for diabetes and hyperlipidemia (mostly cholesterol) over the past decade had potential financial conflicts-of-interest."[2]

When government committees were excluded, the percentage of physicians with potential conflicts of interest rose to a whopping 69%!

One physician expert commenting on this study in the same report put this in perspective for us:

> "Money from drug companies is the oxygen on which the academic medical world depends…Legislation will not change the situation, for the smart money is always one step ahead…
>
> "What is needed is a change of culture in which serving two masters becomes as socially unacceptable as smoking a cigarette…Until then, we will continue to get the drug industry (and medical profession) we deserve."

"What is needed is a change of (medical) culture in which serving two masters becomes as socially unacceptable as smoking a cigarette."

Another physician commenting in the online forum about this study added further context that challenges the prevailing and naive public mindset about our doctors' duplicity in this corrupting practice:

[2] Conflicts of interest abound in diabetes/hyperlipidemia guidelines committees. *HeartWire.* .theheart.org. 10/12/11.

> "I have seen enough in my 33 years (as a doctor) to be categorically convinced that 'nobility' associated with the medical profession is a totally out-dated concept…
>
> "Go to (medical) conferences and see the greed and egos abound…doctors do not want to spend even the registration fee…the insistence on 5-star hotel stay…This is not offered, but demanded…
>
> "Nobility? Excuse me…Those of you (other doctors commenting on this study) who speak of nobility, wake up to the new era of commercial medicine…Wake up to the Reality of the Big-Buck in Medicine!!!"

It's even more crucial that patients and consumers wake up to this new medical reality – because it's increasingly their money, and their lives, on the line.

Patients as *Victims*

Our Healthcare Sucks is such a ***"wake-up call"*** for consumers to recognize the crass commercialism and pervasive fraud behind much of medical practice in America.

Your medical decisions should consider the financial motivations of those involved

Once this is understood and accepted, you're far more likely to factor in the financial motivations behind your recommended treatments – as well as the often unreasonable treatment risks – in making your medical decisions.

This is not how medical decisions are generally made today. Few consumers seriously consider the downsides of their treatment, much less the downsides of screening and diagnostic tests that *precede* treatment.

There are many reasons for this like direct-to-consumer advertizing of medications - allowed in only one other country (New Zealand) - and breathless “reporting” of medical advances that feeds into our cultural infatuation with new technologies.

These cultural factors predispose us to victimization. But *actual* victimization requires a medical profession that’s willing to ***abandon its fiduciary duty to protect patients*** – even from themselves – in order to line its own pockets at patients’ expense. There’s a name for that…

Predatory Medicine

We’ve heard a lot over the past few years about predatory lending practices that almost brought America to its economic knees. These include scurrilous and fraudulent lending practices by unethical brokers and other financial intermediaries to unsuspecting consumers who simply didn’t know their own debt limitations and repayment capabilities.

They suffered serious knowledge deficits of which their more informed exploiters took full and unethical advantage. It was capitalism run amuck – a corrupted distortion of capitalism, actually. It showed in no uncertain terms the human and financial consequences of unfettered and unregulated business practices

Such exploitation is especially tempting when one side to a transaction has a dramatic ***information advantage*** that precludes fair and equal negotiation and informed consumer choice.

The key requirement for predatory lending is knowledgeable parties representing the lending side who know how to manipulate loan requirements – often by fudging the truth or outright lying about borrowers’ income and other debt obligations – and needy, uninformed, and naïve borrowers ripe for the taking.

This isn't an efficient market, this is a corrupted market – a "Three-card Monte" market; a con job.

As you'll see in the chapters that follow, the same ingredients exist today in much of American medicine and help account for its abysmal 51% efficiency rating.

Most patients have severe knowledge deficits in comparison to their doctors, of course. But it's the ***increasing prevalence of unethical practices*** among many American physicians that invites this unsavory comparison.

The obvious culprits are those physicians who invest in medical facilities and services and refer patients to them – many of whom don't need the service – in order to increase their incomes.

But the extent of unnecessary high-risk surgeries – like elective bypass and spinal fusion surgeries, the majority of which have been shown to be either unnecessary or ineffective – is an even more flagrant example of predatory medical practices that literally endanger the lives of their victims.

The term "predatory" is no overstatement. Here's a definition:

> "Addicted to or characterized by a tendency to victimize or destroy others for one's own gain."[3]

In the case of our healthcare, however, the destruction can be far greater than financial bankruptcy – although bankruptcy, too, is one of its consequences.




[3] The American Heritage Dictionary of the English Language.

The vast majority of personal bankruptcies in America are due to unpaid - and unpayable - medical bills.

But the toll in human lives is far greater. Open heart surgery is serious stuff. People die from *elective* bypass surgeries that aren't necessary – and are often led to believe they're emergencies when they're not.

Others suffer permanent brain damage and impaired mental function and are at increased risk for strokes and other complications of such highly invasive surgery.

This unconscionable medical behavior goes well beyond harmless medical quackery. It victimizes unsuspecting patients and their families – and often destroys them – for the personal gain of the increasing number of doctors who practice this way.

It's predatory in the worst sense of the term. And it's far more common than most Americans realize.

This book hopes to change that.

The Biggest Crooks on Earth?

But, you may be asking, isn't this a bit overstated?

Does this *really* happen in American medicine today?

Does it ever…from financial bias in medical research that a former editor of *The New England of Journal of Medicine* calls "corrupted" science to what a forthright physician calls doctors who take advantage of patients with excess tests and procedures – *"pigs at the trough"* (these are discussed further in the following chapters).

Neither of these are exceptions to the rule – they *are* the rule. Predatory medicine not only happens routinely – it's *encouraged* by misguided regulations and a medical culture that chooses to look the other way.

It's those physicians who call it what it is who are exceptional and, thankfully, they still exist. They're a dying breed, however, making it harder than ever to find them for your own family's medical care. And they're forced to operate in a ***medical culture of corruption*** that taints the entire practice of medicine in America.

The engine that drives much of medicine today is the drug industry. American physicians prescribe medications much more aggressively than doctors in other countries - in part to keep patients out of hospitals.

In some regions, doctors act like "pigs at the trough"

This movement gained real steam in the 1980s as the "answer" to over-reliance on expensive hospitals. Staying away from hospitals as much as possible is a very prudent practice, as discussed later in detail.

But the "answer" to that problem has become an even bigger problem. Prescription drugs now *cause* many hospitalizations and account for over 106,000 avoidable deaths annually in the U.S.[4]

Drug companies are global corporations with a duty only to their shareholders – meaning to their bottom line. There's nothing inherently wrong with that; it's capitalism at work - although many argue capitalism has no place in an industry of life-and-death decisions

[4] Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Arch Intern Med. 2003;163:2716-2724.

It's not capitalism that's to blame, however. I've *run* a small, but profitable, publicly-traded company that managed to provide high-quality and ethical diagnostic services to its patients.

I know first-hand that it's possible to turn a profit without cheating or lying to your patients.

It's not capitalism to blame, it's the *brand* of capitalism that's come to dominate in healthcare that's objectionable. According to Taxpayers Against Fraud, all ten of the *largest fraud settlements* with the federal government in 2010 *were with healthcare companies* (see table on next page).[5]

80% of *all* fraud recoveries were from healthcare companies that stole billions from American taxpayers and consumers by improperly promoting drugs for unapproved (off-label) uses and other forms of corporate corruption.

ALL TEN of the ten largest fraud settlements in 2010 were with healthcare companies

That's right – healthcare companies of various types accounted for ***four times the rate of fraudulent recoveries*** as defense, financial, oil and gas, and all industries *combined*.

This ain't your daddy's healthcare system – not by a long shot. The days of *Marcus Welby, M.D.* are long gone.

This book was written to alert consumers to just how *much* American healthcare has changed since *Marcus Welby* graced the television airwaves.

[5] Over $3 Billion in Fraud Recoveries Under the False Claims Act in FY 2010. 10/25/2010. taf.org/whistle295.htm

And Dr. Welby's real-world successors, in too many instances, have joined their corporate sponsors in transforming a once-noble profession into a profit-at-any-cost *industry* in which fraud and corruption - in one form or another - are the norm.

"A Perfect 10"
Major False Claims Act Recoveries in Fiscal Year 2010

Company	Recovery Amount	Date	Allegation
Allergan	$600 million ($225 million to resolve civil allegations & a $375 million criminal fin)	9/1/2010	Off-label marketing practices involving Botox
AstraZeneca	$520 million	4/27/2010	Illegally marketed the anti-psychotic drug Seroquel
Novartis Pharmaceuticals	$422.5 million ($237.5 million to resolve civil allegations & a $185 million criminal fine)	9/30/2010	Unapproved promotion of Trileptal
Forest Laboratories	$313 million ($149 million to resolve civil claims, a $150 million criminal penalty, and $14 million in forfeiture)	9/15/2010	Marketed Levothroid without FDA approval and unlawfully promoted Celexa and Lexapro for pediatric use
Elan Corporation	$203.5 million	7/15/2010	Improperly sold and marketed Zonegran
Teva Pharmaceuticals	$169 million	7/26/2010	Inflated prices reported to Medicaid
WellCare Health Plans	$137.5 million	8/9/2010	Defrauded Medicare and Medicaid programs in several states
Mylan, AstraZeneca, and Ortho-McNeil	$124 million	10/19/2009	Companies improperly classified certain drugs to evade rebate obligations
Omnicare and IVAX Pharmaceuticals	$112 million	11/3/2009	Omnicare engaged in kickback schemes with several parties, including IVAX
Health Alliance of Greater Cincinnati and Christ Hospital	$108 million	5/21/2010	Kickbacks to doctors in exchange for referring cardiac patients

Source: taf.org/whistle295.htm.

Medical Incompetence Compounds the Corruption

As if this weren't bad enough, there's solid evidence that ***medical competence in America is sorely lacking***, especially treating chronic diseases now accounting for three of every four healthcare dollars we spend.

There's no shortage of publications decrying the state of modern medicine's incestuous relationship with drug companies and medical device manufacturers in far greater detail than is covered in this book.

American medicine has even bigger problems than financial conflicts of interest

Many have the credibility of being authored by medical luminaries such as former editors of prestigious medical journals - people in a position to know about such things first-hand.

This book does more than cover this well-trod ground by examining the evidence about the practice of medicine *beyond* these financial intrusions into medical practice.

The facts suggest an even bigger problem than the financial conflicts of interest pervading American medicine. Even more alarming is widespread evidence of:

- Systemic incompetence
- Rampant negligence &
- Incoherent prescribing practices.

These - even more than financial conflicts of interest - are behind our astounding rates of avoidable deaths and needless suffering from ***medical errors and indifference*** to patients' safety *and* financial interests.

This doesn't mean financial conflicts don't play a huge role – they do – but our medical dysfunction goes even deeper than dollars and cents to more basic failings of competence, compassion, and integrity.

These are strong words, but the chapters that follow will bear them out with ample evidence of their legitimacy.

Rethinking the Medical Model

So, is all this an indictment of the medical profession and the lucrative industry that supports it?

Yes and no.

The "no" is the recognition there are many doctors, nurses, and other health professionals who labor valiantly to overcome the systemic obstacles discussed here and who have their patients' best interests very much at heart.

You'll see no suggestion here that readers simply abandon medicine in favor of alternative medicine, extreme diets, or magic elixirs.

There's much that conventional medicine has to offer those who actually need – often desperately – its proven resources.

But too much that passes as medical science is, in fact, *unproven* and the occasional unsung heroes of medicine are the exception, not the rule.

When up to half of medical care is estimated by experts in the field to be unnecessary[6] – and much of that is actually *harmful* to patients – then it's clear that *commerce, not ethics, now controls much of the practice of medicine.*

Yet most patients continue to enthusiastically subject themselves and their families to a medical system – a "system" in name only – that often does them more harm than good and threatens to bankrupt their families in either event.

Too much that passes as medical science is unproven

The purpose of *Our Healthcare Sucks* is to…

- Alert readers to the magnitude of these threats;
- Why they persist despite noble efforts by some to combat them; and
- What you can do to protect yourself and your loved ones from being victimized.

Much of what follows pertains mostly to those with non-emergent and non-acute (i.e., chronic) medical needs – which account for the vast majority of our medical spending.

But even those *without* chronic diseases should know which local hospitals are best prepared to meet their needs and are working hardest to reduce medical errors.

Acute (urgent) care patients need to be aware of hospital risks and unnecessary procedures and may need a **personal advocate** even more than those with chronic diseases, who have more time to plan for such events.

[6] The price of excess: Identifying waste in healthcare spending, PriceWaterhouseCoopers' *Health Research Institute*, 4/08.

And *all* patients need to abandon the outdated mindset of passively accepting whatever treatments or diagnostic procedures are prescribed for them and their family because…*they're covered by their insurance.*

That's how your grandma thought, and you don't get to be CEO by thinking like your grandma (no offense, grandma).

The evidence that follows is convincing: doctors in America, on average, are notoriously inefficient, even cavalier, in using risky and expensive technologies and drugs.

Not only does this needlessly increase medical spending, it subjects patients to avoidable treatment risks that often exceed the risks of their disease or condition.

Many patients enthusiastically subject themselves to a medical system that does them harm

Prudent consumers need to be concerned about more than money, though out-of-control medical spending looms larger than ever in today's economic climate and deteriorating family finances.

The ***risks of treatment***, however, can compound unnecessary medical spending and subject patients to complications and side effects when "doing nothing" may have been preferable.

"Doing nothing" may seem counterintuitive in a culture that demands instant gratification and certainty on every front, but *closely monitoring suspected disease* (called "active surveillance") is not the same as doing nothing.

It's deferring *aggressive* treatments and their associated costs and risks until it's known that more conservative treatments are inadequate. For many slow-growing diseases - like some prostate and breast cancers - this deserves serious consideration.

This is especially so when aggressive screening is uncovering all manner of "pseudo-disease" - or abnormalities that may or may not be pre-disease - that's treated as aggressively as advanced disease.

The low back pain cited in Chapter 2 is an example that's not generally life-threatening and, therefore, can be considered more dispassionately than life-threatening conditions. Most spinal fusion surgeries performed in the U.S. are unnecessary and inappropriate.

> "Pseudo-disease", or pre-disease, is being treated as aggressively as advanced disease

And the same goes for a wide range of surgeries and other invasive procedures to which uninformed patients passively consent.

But this is no climate for passivity. As you'll soon discover, in today's healthcare system, *the only thing the meek shall inherit is surgery they don't need.*

Such high-risk and high-priced over-treatment is now common, more so with the marketing of medications for the normal effects of aging – what many rightly regard as *"disease mongering"* by the pharmaceutical industry. Combine this with our reluctance to confront the medicalizing of the natural process of dying and it's little wonder healthcare expenses continue to grow at ever-more-unsustainable rates.

These are *matters consumers can confront directly* rather than rely on government for another "bail out" or "reform" when their prospects for success are so slim.

The few reform measures with potential for at least curtailing some of the adverse effects of current medical practices won't be of any help for many years to come, if ever.

For consumers to take these matters into their own hands, however, it's first necessary to understand some of the basics about how poorly American medicine currently works. Unfortunately, far too many American medical consumers remain blissfully unaware of this poor performance and its dangerous consequences – and unmotivated to do anything about it.

Recognizing the Threats

The chapters that follow will take you through the "big picture" system-level abuses of commercialized medical research to more mundane factors like physician bias and impairment that also negatively impact the medical care you receive.

These include systemic factors like a payment system that *rewards* fragmented care and medical errors – a system that remains intact under health reform.

There's also our nation's hugely imbalanced supply of physicians:

- ***Too many specialists*** whose inflated incomes depend on subtly promoting excess tests and procedures, and
- ***Too few primary care physicians*** facing even more demands on their time with over 30 million more Americans to be newly-insured under health reform.

There are also human factors like physician fatigue, human error, and financial uncertainty that prompt many to participate in unethical practices as do so many of their physician peers.

There's peer pressure to cheat because "everyone else does" and there's peer pressure not to report your physician colleagues when *they* cheat - even when they endanger patients' lives (see Chapter 4).

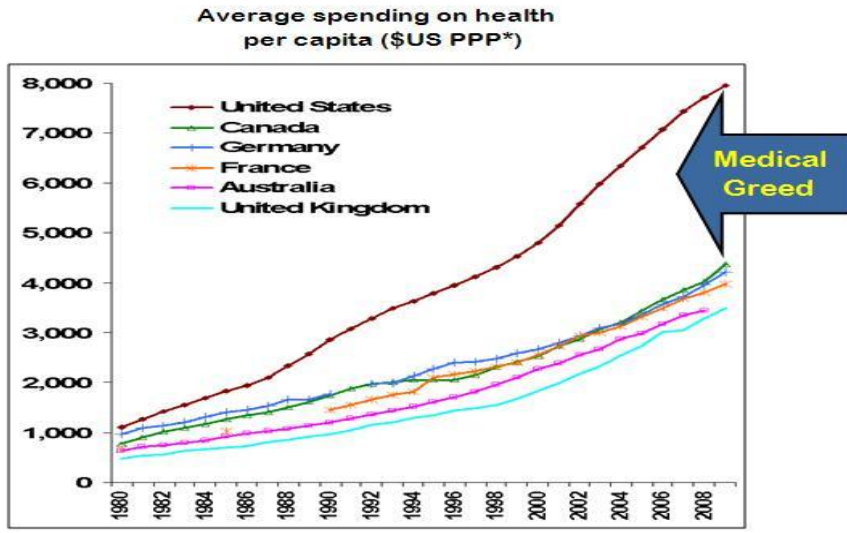
Whatever the explanations – and they're important to understand in order to be on the lookout for them – many Americans are currently subjected to sub-par, possibly dangerous, medical care without ever realizing it.

Our Healthcare Sucks was written to change that and, hopefully, motivate readers to learn more and act on what they learn to reduce the risk of medical exploitation and endangerment.

Because one thing is crystal clear: neither our government nor the medical profession itself is equipped or motivated to protect us from these threats to our families and our finances.

It's up to each of us to become better medical consumers in order to do the job ourselves. It starts with recognizing our exorbitant medical spending in America is uniquely American.

The huge gap in the following graph between our medical spending – shown in the pale green line on top - and the other countries listed represents America's medical *consumers being HAD* by medical greed, corruption, and incompetence – all explored in the following chapters.



*PPP=Purchasing Power Parity Data: OECD Health Data 2011 (database), version 6/2011.
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.

Greed is one of the seven deadly sins – and nowhere is it *more* deadly than in America's healthcare system.

Debt Reduction Implications

Raising the federal debt ceiling in mid-2011 was another in an ongoing sequence of economic and political crises related to our accumulated federal debt and continuing operating deficits financed with borrowed money.

However the politics play out, there's bound to be renewed financial pressure on our healthcare system with important implications for you and your family…

- Already understaffed emergency medical services will come under renewed pressure as municipal budgets are further squeezed;
- Smaller community and "safety net" hospitals that serve large numbers of poor and uninsured patients will face bankruptcy and closure – placing more pressure on those that remain;
- Glaring deficiencies in coordination of medical services – at the regional level for emergency services and the local level for individual care for you and your family – are likely to get even worse.

The list goes on, and none of it is good for you or your family members. *As bad as our health system performance is currently – and you'll soon see it's worse than you ever imagined – it will only get worse, not better.*

There's never been the political will to adopt the kind of disruptive measures needed to put an end to the abuses described in the following chapters – and now there isn't the money either.

That's just our current fiscal reality and we need to face up to it. It makes what follows all the more critical for you to learn about and address – because no one else will.

A Blueprint of Solutions

Simply describing these rampant deficiencies in American healthcare without offering solutions would do little but increase anxiety about being further victimized.

This book means to sound an alarm, but it also means to guide you to a *blueprint of solutions* with a 3-step system to protect yourself and your family from the abuses described in this book. These solutions aren't government programs or other third-party solutions. They're not reliant on the honesty or goodwill of others.

They're reliant only on your own willingness and commitment to learn and implement what you need to reduce your reliance on our dysfunctional healthcare system and to use it more prudently when you must.

With some focused effort, it's possible to…

- ***Cut your disease risks by half or more*** with prudent diet and lifestyle choices, and
- ***Cut your treatment risks by half or more*** when you need medical attention.

To lower your risk of victimization, you'll need to stop playing checkers and start playing chess with your healthcare – like your doctors do. You don't need med school to do it, however. It's more about understanding medicine's business processes – and how they can harm you *and* your finances – than the actual medical care itself.

It'll take some effort, but it's eminently do-able – especially when the stakes in ***this*** chess game couldn't be higher.

Yet this MedSmart approach isn't for everyone. It's not even for most people. That's because most people are followers, not leaders. They want to be told what to do by authority figures, not choose what to do for themselves.

Becoming CEO of the Rest of Your Life™ starts with making a decision:

Are you a follower or a leader?

This book will make you rethink the wisdom of passively following those who routinely endanger you and your family and threaten your financial future to enhance their own.

But only you can answer the question – and it may be the most important decision of your life.

Consider the Unthinkable

The Twilight Zone's Rod Serling said many things that apply to our increasingly bizarre healthcare system. As you consider your reliance on a medical system that's ostensibly about caring and healing, one in particular stands out…

"It may be said with a degree of assurance that
not everything that meets the eye is as it appears."

As he might say about this discussion, "Consider this, if you will"…might you and your family be much better off to be less aggressive in your medical decisions rather than buy into the most aggressive treatments possible?

Don't answer this just yet. Keep reading and we'll revisit this question in our Conclusion.

For now, just know a half-dozen or more Americans have died from medical mistakes while you read this Introduction – and an estimated $25 million was misspent on fraud and incompetence.

That's about *$2 million a minute* to feed the predatory greed of America's healthcare "system".

This Introduction starts with a quote from the author of *Brave New World* about the truth making you mad. The question to ask yourself is…can you *handle* the truth?

Because sometimes the truth hurts - though not nearly as much, in this case, as remaining in the dark.

Most of us are unaware of rampant threats of medical exploitation and endangerment

Like What You've Seen?

Our Healthcare Sucks was written to alert consumers to the threats posed by our dysfunctional healthcare system and how to protect themselves and their families from those threats.

If you'd like to better understand these threats and learn to reduce your reliance on our fragmented, fraudulent, and dangerous medical system, read the rest of *Our Healthcare Sucks*.

There are smart ways to avoid medical exploitation and endangerment. With your medical spending likely to TRIPLE over the next decade, there's no better time to get started.

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