

The Unheralded Pandemic: Death-by-Queue

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Received date: May 30, 2023; Accepted date: June 09, 2023; Published date: June 15, 2023

Citation: Deane Waldman, Albuquerque., (2023), The Unheralded Pandemic: Death-by-Queue, *Clinics in Nursing*, 2(3)

DOI:10.31579/2835-8147/015

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Abstract

Though more Americans are insured, wait times for medical care are so long that people die waiting for technically possible medical care unavailable in time to save them. Death-by-queue is particularly true for those with government-provided or government-supported insurance.

Interminable delays in care resulting in death-by-queue are due to Washington's massive federal regulatory burden and Washington diverting "healthcare" dollars to pay for bureaucracy instead of care.

Shortages of nurses and doctors that contribute to death-by-queue are directly attributable to frustration with government bureaucrats practicing medicine or nursing instead of letting professionals use their best judgment.

Fixing death-by-queue is both simple and politically radioactive: remove Washington from control of healthcare, as mandated by the Tenth Amendment to the U.S. Constitution. Reestablish direct connection of patients with their preferred physicians. Stop third parties from making medical and financial decisions for individuals. This will restore patients' medical autonomy: their freedom to choose.

Keywords: banana; bread; fenugreek; nutritional values physico-chemical properties

Text

Mary began to experience abdominal pain but ignored it for several months. When she finally told me, I said, "I'm your husband, not your physician. Please go see her." Mary called the doctor's office. After 40 minutes working her way through the confusing, circular, and interminable phone tree, she got the next available appointment – seven months in the future. When she finally did see her primary care physician, the diagnosis was inoperable pancreatic cancer. Twenty-two months later, my college sweetheart and wife of 54 years died. Might things have been different if she had been seen two years earlier?

Everyone in the world knows of the CoViD-19 pandemic, "big con" though it was. [1] Few have heard of a pandemic that is killing millions with no fanfare at all: death-by-queue.

Death-by-queue is a phrase coined in the United Kingdom, where "queue" describes people waiting in line for something. Death-by-queue means dying waiting in line for care that is technically possible but unavailable when needed. Death-by-queue has long been a feature of the much-vaunted British National Health Service (NHS), [2] which was the model for the Affordable Care Act (ACA). Recent reports from the NHS describe heart attack victims dying for lack of care-in-time. [3] The NHS has called for private physicians

(those few who remain) to provide timely medical care because NHS (government) physicians cannot. [4]

Americans are experiencing death-by-queue. This unheralded pandemic is politically unpopular with Washington. As complicit mainstream media ignore it or downplay the danger, the U.S. public does not know people are dying for lack of the promised care in time to save them. "Delivering record-breaking results"

On January 25, 2023, President Biden proudly announced, "I promised to lower costs for families and ensure that all Americans have access to quality, affordable health care. ... Today, we received further proof that our efforts are delivering record-breaking results." [5]

The proof to which he referred was 16.3 million Americans [6] who signed up for government health insurance during open enrollment – Nov. 15, 2022 to Jan. 15, 2023 – through the Obamacare self-styled "marketplace." Self-styled because it is not a free market in the usual sense.

In all marketplaces except healthcare, the consumer is the payer. The customer/payer or buyer chooses whom he or she will pay for services and how much based on buyer's calculation of value received for money spent. The seller must offer what customer perceives is value and must price

services or goods in competition with other sellers of similar products. Buyer is spending money out of pocket and thus has a strong incentive to economize. Competition between sellers drives down prices. There are only two “parties” in a true market: buyer-customer-consumer-payer – demand in economic terms – and seller-provider – supply.

Healthcare is not a true market. In the U.S. healthcare system, there are three parties: (1) patient or consumer but not “buyer” as patient does not pay seller; (2) provider or seller; and (3) third party – government and/or insurance – that makes all financial as well as medical decisions. The third party “disconnects” buyer from seller, patient from provider, demand from supply.

In healthcare, buyer (patient) cannot choose seller (provider): third party does. Buyer (patient) does not pay seller (provider): third party does. Seller (provider) does not choose services provided: third party does. Sellers (providers) can set whatever prices they like but third-parties will pay what they decide. Provider can take it or leave it.

As a result of disconnection, patient (who is not payer) has no incentive to economize. Since providers (sellers) do not compete with other sellers, prices constantly go up. And when sellers do not compete for patients, providers have no incentive to make services readily available. Access to care suffers. So do Americans, ultimately with death-by-queue.

In 2022, the U.S. spent more money on its healthcare system (\$4.3 trillion) [7] than the entire GDP of Germany (\$3.9 trillion). Approximately half of all U.S. “healthcare” spending went to pay for bureaucracy, administration, rules, regulations, compliance, and oversight (BARRCO) [8] taking away roughly \$2 trillion from patients who need that money to pay for their care.

Healthcare raison d'être

Healthcare systems exist for one purpose: to assure that people get the medical care they need when they need it. Timely medical care is the prime directive of healthcare. Lowering costs or saving money is important only after timely care is available. Lawyers quip, justice delayed is justice denied. Doctors say, care delayed is death-by-queue.

Before the ACA was passed, average maximum wait time to see a primary care physician was 99 days. (Already unacceptable by any reasonable

medical standard.) After the ACA was implemented, wait times increased to an unconscionable 122 days. [9]

UnitedHealth, the largest provider of Medicare services, recently added a new time-consuming pre-authorization process for simple, common medical procedures. [10] This bureaucratic addition will delay access to needed care even further and will allow illnesses to progress untreated.

The end-result of excessive wait times for medical care death-by-queue. [11] This happened to 752 Illinoisans [12] on Medicaid. According to an internal VA report, “47,000 veterans may have died” waiting for authorization for medical care. [13] Veterans are covered by federally supported Tricare insurance. A 12-year old Maryland boy, Deamonte Driver, died of a brain abscess as a complication of a cavity (dental). [14] He never received the necessary treatment because no pediatric dentists in his area would accept Medicaid patients. Excessive wait times have been proven to delay making critical diagnoses, viz., cancer or heart disease, which in turn leads to avoidable deaths, [15] possibly including my wife.

The increase in the number of urgent care centers [16] is testament to the fact that current facilities are unable to provide the care people need when they need it.

President Biden’s promise to provide “access to quality, affordable health care” to all Americans is smoke and mirrors. Government never has and never will provide timely medical care.

Both federal politicians and mainstream media knowingly conflate health insurance – a piece of paper – with health (medical) care – the personal service of a professional provider. They do this intentionally, to wit, President Obama promised to reform health care proven by the title of his namesake reform bill, the Affordable Care [emphasis added by author] Act or Obamacare. Only after the ACA was signed into law on March 23, 2010, did Obama admit he was revising health insurance, not care.

Common wisdom says that people with insurance get care and people without insurance do not. Common wisdom is dead wrong. History shows the exact opposite, known as the seesaw effect. [17] As the number of individuals covered by government-run insurance programs goes up, access to care goes down! (Figure 1)

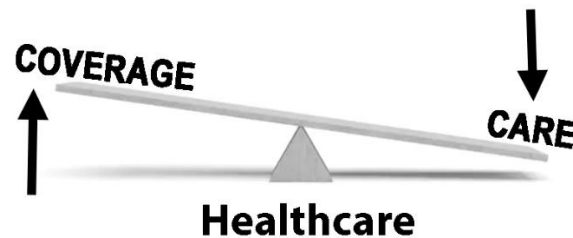


Figure 1: The Seesaw Effect

Democrats and the mainstream media hail the decrease in the uninsured rate from 15 percent in 2010 to 8.3 percent in 2021 as a measure of success of their healthcare policies. [18] Medicaid, the program originally intended for the aged, blind, and infirm, now covers 93 million Americans, 28 percent of the population. As more Americans have insurance, whether no-charge government-provided, viz., Medicaid, or government-supported such as Obamacare and Tricare, more Americans will reasonably expect to receive the care they need when they need it.

They will be disappointed. As demonstrated by the seesaw effect, when more people enroll for government insurance, access to care will decline. The pandemic of death-by-queue will accelerate.

Personnel Shortages

Well-described shortages of doctors, nurses, and mental health professionals [19-21] contribute greatly to the insufficient access to care and eventually, death-by-queue. While low and declining pay is a source of concern, it is not the primary cause of dissatisfaction that is driving people out of clinical care.

The reason clinicians are leaving and fewer are entering healthcare is cultural: they are frustrated. [22] Care givers believe they are doing honorable work, healing people who desperately need what only they can provide. Doing this normally would generate great psychic reward. As one nurse said at lunch, “When my babies [her patients] do well, it feeds my soul.”

Caregivers naturally assume that the system in which they work would help them do their noble work. Instead of making their professional lives easier,

government regulations constrain, obstruct, and penalize care providers. Clinicians have all the responsibility and none of the requisite authority.

Washington's advisories, guidelines and crisis standards of care dictate to providers what they can and cannot do. Government warns patients against providers who do not follow bureaucratic rules for practice of medicine or nursing. Highly trained health professional are so devalued they are not allowed to use their own judgment. They are punished when they do so. There is no better example than firing nurses and doctors who exercise their own medical judgment about mRNA gene therapy against CoViD. [23, 24]

Provider shortages exacerbate delays in care, which worsens death-by-queue. Like the regulatory burden and bureaucratic diversion, Washington is the root cause.

Eliminating death-by-queue

Federal politicians want to hide death-by-queue because their policies and its consequent BARRCO are causing this pandemic. First, there is the regulatory burden. Time that providers should be able to spend on and with patients is consumed by regulatory and administrative requirements. This regulatory burden is largely responsible for physicians refusing Medicaid patients [25] and even for exacerbating the physician shortage due to early retirement. [26, 27]

Second, there is "bureaucratic diversion:" [8] money is taken from clinical care to pay for BARRCO. Every dollar spent on these non-clinical activities is a dollar taken away from patient care. Estimates of this expense range from 31 percent to more than 50 percent [28, 8] of all healthcare spending.

For decades, Washington has been fixing healthcare with federal programs such as Medicare and Medicaid (both 1965), the Emergency Medical Transport and Labor Act of 1986 (largely responsible for healthcare's unfunded mandate [29] and closure of rural hospitals [30]), the Health Insurance Portability and Accountability Act of 1996, and the ACA (2010). Prior to 1965, the U.S. expended 6.5 percent of GDP on healthcare. [31] Last year, it was 19.7 percent. [32] The end result of Washington's fixes and massive spending on "overhead" is what Americans now experience: death-by-queue and impending bankruptcy of Medicare, [33] maybe the nation.

Federal regulations that empower and prop up the third-party payment system in healthcare is the root cause of the pandemic of death-by-queue. Washington's solution to healthcare system failure is more of the same, exemplified by new healthcare provisions in President Joe Biden's self-styled Inflation Reduction Act of 2022 [34] and attempts to reintroduce Medicare-for-All, a total takeover of healthcare by Washington. [35]

If Americans want to shrink wait times, if patients want to see the doctor before it's too late, and avoid death-by-queue, they need to reconnect patients directly with their doctors, reconnect supply with demand. [7] Remove third parties – federal government and/or insurance companies – from making medical and financial decisions for patients, and stealing precious "healthcare" dollars.

Only by direct reconnection of patient with doctor, We the People can restore prompt access to care, stop death-by-queue, and most important, recover constitutionally guaranteed freedom: patients' medical autonomy! [36]

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