

February 2001

## Catholic Health Care

Samuel A. Nigro

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Nigro, Samuel A. (2001) "Catholic Health Care," *The Linacre Quarterly*: Vol. 68: No. 1, Article 2.  
Available at: <http://epublications.marquette.edu/lnq/vol68/iss1/2>

# Catholic Health Care

by

Samuel A. Nigro, M.D.

*The author's practice is in Child, Adolescent, and Family Psychiatry in Ohio. This article is written in response to the article of Dr. Todd Salzman, "Catholic Social Teaching, the Common Good, and Health Care in the United States: Seeking a Universal Model of Health Care Coverage," (Linacre Quarterly, August, 2000). The author addresses the model of "managed competition" (by Enthovin and Kronick).<sup>1</sup>*

---

## Introduction

*There is enough money for health care for everyone who needs it. The problem is that the money is not being spent for health care. Health care dollars are being misused to fund plans of "managed competition", bureaucracy, administration and insurance. An amount almost equal to the defense budget (two hundred forty billion dollars) wastefully goes to the megabureaucracies erroneously thought necessary to provide health care to the people. The most important issue for health care today is to see that health care dollars go for health care and not for administrative support or non-medical profit (which are not health care).*

In total, the Catholic health care system is the largest in the world. As far as organizational efficiency, it is probably the smallest in the world. In a sense, organizational efficiency is inversely proportional to the benefits provided because Catholic health care has always been a "service for mankind" phenomenon. The "profit motive," brought about by organizational efficiency, was not one of Catholic health care's main priorities. However, the recent reconfiguring of health care with the collapse of medicine as a profession and the hypertrophy of control of patients by big business, have clearly diminished Catholic health care's traditional capacity for the individualized, sacred, dignified commitment to the individual and the common good.

This brief article is an attempt to tender an approach which will unify the bishops and create methodology for the reestablishment of traditional Catholic health care even in the face of the Leviathan health insurance industry and Health Care Finance Administration which represent the contrary immoral approach to health care. Unabashedly recommended are Medical Savings Accounts (MSAs) and the Christus Medicus Foundation.<sup>2</sup>

As far as social justice is concerned, it is not an exaggeration to state that the Church is battling evil forces similar to early national socialists again. Better than in the past, the bishops need to be united in the principles of (1) subsidiarity; (2) dignity of the human person; (3) freedom; and (4) medicine as a profession.

### Principles

1. *The Principle of Subsidiarity.* The principle of subsidiarity means that one tries to establish independence and autonomy at the smallest unit possible. In other words, no big outfit should serve when a smaller one could do it as well or better. This principle has been confirmed by the negative impact of "centralization" (or universal health care system) as socialists everywhere found out by the disastrous results of centralizing plans of socialists and communists. Unfortunately, there is still an appeal to bigness which can seduce to misjudgments. But "brilliant" ideas, especially controlling centralizing bureaucratic schemes, seem to carry with them "unforeseen negative consequences" too often. This means that "bigness is not best" when it comes to providing health care, among other issues. Subsidiarity as a principle in medicine recognizes that bigness destroys the subjective engagement necessary for good health care. The Hippocratic Tradition was the subsidiarity principle applied to the doctor-patient relationship. In contrast, big business loses the subjective transcendental personhood of individuals, which includes autonomous patients and autonomous doctors. Bigness is fundamentally antiperson and antifamily. Subsidiarity places the responsibility for health care on the individual and the family as a unit rather than on products and intermediaries in the health insurance/bureaucracy industry.

2. *The Principle of Dignity.* Dignity as a principle means that a human can never be treated as a means but must always be treated as an inviolable end in and of himself. Dignity is violated by exploitation. In the sense of health care, exploitation means (1) deprivation of health care opportunities, and (2) health care dollars are appropriated for "profits" or something other than health care. It is against the principle of dignity for an individual's health care dollars to be used for anything other than health

care. Dignity is to not be exploited by insurance or government bureaucracies.

3. *The Principle of Freedom.* There is no freedom if an individual does not have the private property sufficient to care for himself, his family, and to live as a free man. Actually, the right to private property is so basic that it does begin with the ability to care for oneself. Any man (male or female) who does not own his own health care is not completely free or able to ensure enjoyment of his remaining property. As a property owned by the individual, health care can be accumulated, preserved and used with personal insight, choice and independence. Such creates genuine freedom and true independence, especially independence from impersonal bureaucratic establishments.

4. *The Principle of Medical Professionalism.* This fundamental Catholic principle is a commitment to medicine as a "learned" profession. The three learned professions have always been religion, law and medicine. They were characterized by a commitment to help those suffering, autonomy, strict standards of art and science, sacrifice for the transcendentals, and a jealous preservation of independence essential to the integrity of their mission. The six tenets of the Hippocratic Tradition learned in medical school (and said to myself ever since at Sunday mass) are essential for the integrity of the medical profession. A fair summary of them are: (1) teach; (2) no death promoted; (3) follow the moral/natural law; (4) confidentiality and privacy; (5) help and consult with one another; and (6) maintain oneness by ignoring that which divides mankind. Only with firm allegiance to the Hippocratic Oath could any medical system work well. All medical systems in concert with subsidiarity, dignity and freedom must respect and foster the Hippocratic Tradition for medicine.

### **The Deprofessionalization of Medicine**

Medicine has been deprofessionalized. This was predicted in the "Overlooked Medical Factors of America's Abortion Decisions" in my book *The Death of America*,<sup>3</sup> pp. 166-175, in which the abortion decisions *Roe v. Wade* and *Doe v. Bolton* were identified as imposing an innovative judicial redefining of medical practice thereby laying the groundwork for the complete bureaucratic government regulation of medicine. The two abortion decisions started the avalanche against private and traditional practice of medicine in America, having done away completely with the Hippocratic Oath. Teaching would now become administrative record keeping as the primary method of patient care. "No promoting death" would be overturned allowing abortion and euthanasia. "Moral/natural law" was replaced by the religion of secular humanism (responsible for the

socialist plagues of Nazism and Communism). "Confidentiality/Privacy" became a myth except for unfound records. "Helping and consultation" became doctors competing with arrogant negativism against one another in a hostile unprofessionalism. And "oneness ignoring differences" converted to the Nazi doctor style of following the latest societal directions from the princes and powers that be.

Rediscovered today is the truism that if the medical profession is not committed to the Hippocratic Oath, physicians deserve all that has happened and then some.

Today, young physicians are administrative doctors ("A.D.s" instead of "M.D.s") focusing on documentation rather than outcome and with grudging or no respect for others whose treatments may also work well. Doctors without the Hippocratic Tradition do not really consider other M.D.s worth listening to because physicians are now more competitors than colleagues. And physicians today accept anyone and any procedure into the doctor-patient relationship. Fettered with manuals, guidelines and codes, providers and patients are unfree.

The American Medical Association (AMA) has sold out to the Health Care Finance Administration. The AMA has become a publisher of code books and manuals in collusion with administrative megabureaucracy medicine wherein patient records are no longer zealously guarded. When I was in psychiatric residency in the mid-1960s, Dr. Douglas Bond (late Dean of Case Western Reserve Medical School and Chairman of the Department of Psychiatry) was subpoenaed to testify in a legal case and instructed to bring his patient's record. The story he told was that he showed up as required, not planning to reveal any of the record of the patient, and on the witness stand he refused to do so. The judge ruled in his favor and he was not required to reveal the record and he was let go. However, he did have a record folder with him. If he was required to give the record, he was going to turn it over and walk out. He chuckled as he said that the folder contained nothing but several blank pages. As a resident, required to testify once, I was instructed carefully about what I could and could not say. I was instructed to bring a toothbrush in case I had to spend time in jail. I could also expect every psychiatric resident, all other psychiatrists in town and half of all the other doctors to be at the court on my behalf should I have been asked to violate the Hippocratic Oath. Those are the days when the medical profession was a classical learned profession and every doctor was a good, conscientious doctor or else he was drummed out of the profession and nothing could save any rascal.

But all this has changed now. Due to the abysmal leadership in organized medicine, the Hippocratic Tradition is dead. We are controlled

by judges and lawyers who have no classical right to intrude into our profession any more than we have to intrude into theirs, although I have proposed regulation that would enable medicine to do to the law what the law has done to doctors.<sup>4</sup>

### **The New Medical Paradigm**

Models of universal health care coverage are anomalous sinkholes of administrative waste, obstruction of care, and interference with the practice of medicine which decrease efficiency and drive up health care costs.

Medicare and other megabureaucracies, including the insurance industry, and any other universal health care plan, are dictatorships of medicine with greed pretending to proclaim altruism. But Medicare is the worst of the wasteful systems because it is government-sponsored and has the weight of government oppression intrinsic to its operations. This will be the case with any "universal model of health care coverage using managed care approaches". "Managed care" is word games, misrepresentations, bad faith and strategies of vexatious conduct. Managed care's effects are rarely consistent with the principles of subsidiarity, dignity, freedom and medical professionalism.

Of interest is that for the megabureaucracies of a new medical paradigm, medical support services are expanding opposite to contemporary management trends. While all businesses are reducing middle management and improving efficiency by computer technology, medical megabureau-cracies are on the opposite track. Medicare (and all health insurance/management companies) keep expanding their middle management efforts, further reducing efficiency for "control of cost", when the only real change of cost is that fewer dollars are going for health care (purported to be "positive") while more of those dollars are going for administration/profit (and then pretended not to be part of "health care costs").

Capitation schemes appear to have growing popularity. However, they actually are bait and switch situations unless one has a long-term contract with the outfit, with income secured and risks shared. If one ends up with patients all coming from a specific group on a capitated basis, management quickly begins to cut into fees allowed, once you are hooked. Fees will be ratcheted down more and more putting the squeeze on both patients and providers. Thus, capitation is to be recognized as involuntary servitude. Both patients and providers are owned by a third party. This is absolutely immoral. Where there is capitation, there must be decapitation (You figure it out!).

For the megabureaucracy, the medical record IS the health care. Health care has become a function of providers' secretarial capacity as a computer game of programming and printing canned notes for disease states, normal findings and certain services. By the push of a button, printed out is whatever was last desired by note-reading bureaucrats in what is truly a Ping-Pong-like process. Then, once everyone gets the system figured out, it will be changed in order to continue inefficiency such that more dollars do not go for health care as rapidly.

Finally, the megabureacracy is a foreign body in the heart of medicine causing remorseless medical atrocities violating two millennia of revered salutary Hippocratic Tradition. The decision making from the lowest administrative reviewer to the Administrative Law Judges is a canned, closed pretense of fairness. From my experience, the appeal process is an almost religious, fanatical intolerance, a glut of unprofessionalism and a mountain of unethical business practices. Medicare is the ultimate example of big government, arrogant, know-it-all, destruction of the people. It is a perfect example of why Thomas Jefferson made the plea that "the government which governs least, governs best!" Implied in that statement is the fact that governments destroy their people, a conclusion inescapable when one looks at the government control efforts of Nazi Germany, the Soviet Union, and other socialist efforts so unwittingly accepted today. As William Blake wrote: "The strongest poison ever known/Came from Ceasar's laurel crown."

The megabureacracy model for medicine is futile and a form of euthanasia. Medicare and all megabureaucracy insurance programs fit well this scheme of tyranny, as do "managed care" programs. The new political science of health is based on population sociology in its mental, physical, social, economic and political dimensions. Health is no longer between patient and doctor. Now doctors serve the State or company and not patients. Health is now a political question of the collective and of the government damning individual physicians when they treat patients as individuals. Health care is rapidly becoming utilitarian with care dispensed to people according to their managed usefulness to society.

The World Health Organization promotes what it calls "the new paradigm" (which does not include the personal paradigm of medical savings accounts). The World Health Organization and its conspirators promote "holistic" medicine, which means that the United Nations/United States government ersatz royalty are in charge as they orchestrate and manipulate the public by the pseudoscientific megapress which is encompassing, ambitious, relative, utilitarian, economically graded with relative costs and benefits, and preys on the ubiquitous infernal suggestibility of citizens who can no longer discern reality from an

electrono-celluloid-ink tidal wave of pseudo-information. The "managed care" lords in charge of the World Health Organization, Medicare, government and insurance medicine will manage health, scientific and economic resources in their own interest and will put forth a program of artificial selection which will serve themselves very well. This is full moral relativism. Just as with the Ten Principles of Medical Ethics of the American Medical Association, the principles of the World Health Organization could be used to run concentration camps. Actually, they are running concentration camps without the concentration. So much for medicine without Hippocrates. Without a doubt, the Nazi doctors are at the United Nations, Planned Parenthood, the World Health Organization, United States government health organizations, Medicare, insurance companies, and many, if not most, United States medical schools. None of this will be defeated unless individuals reacquire power over their own property, known as health care, by medical savings accounts.

### **The Right to Health Care**

The so-called "right to health care" needs clear defining because it must be a right in the generic sense as property is a right. Owning one's own health care is a most basic private property and intrinsic to genuine freedom. But specific rights to specific health care procedures should not be articulated nor become obligatory because such will open doors to a never-ending list of demanded procedures as "rights", such as abortion, sex change operations, hair transplants and euthanasia, to name a few. Furthermore, to bring the law into caregiving is nothing more than proof of the loss of professionalism of physicians. From an operational perspective, specific "rights" are not needed because health care providers are bound by the Spiritual and Corporal Works of Mercy rendering such specific "rights" unnecessary. The Works of Mercy are our obligation: they are what the Good Samaritan is all about, and if you cannot name the Works of Mercy, you are probably lost.

So-called "universal health care" proposals addressing the generic "right to health care" seem always to buy into the megabureaucracy model, which wastes at least twenty percent of health care dollars by profit, salaries and administration, none of which is health care and all of which will break the system. Health care expenditures for the U.S. are about 1.2 trillion dollars. Twenty percent of that is \$240 billion, an amount almost equal to the total U.S. defense budget, which is wasted. Stealing this money from the people by the megabureaucracy model proves the people are not trusted and that such a system only pretends freedom when it really obstructs and oppresses. This is a socialist collective approach which



crushes individuals. It is still counterproductive even when modified by market approaches. Basically, the megabureaucracy model cannot provide a "right to health care". A "right to health care" is the personal ownership of one's own health care.

### **Proposal – Medical Savings Accounts (MSAs)**

MSAs are the only genuinely new paradigm, all the others being little more than modifications of the same un-Christian megabureaucracy approaches. MSAs are the necessary elementary restructuring for health care. MSAs devolve subsidiarity to the basic individual or family!

MSAs create ownership experiences for those never experiencing ownership with all the psychological benefits brought by ownership. To give the poor their health care dollars is to bring justice to them and to alter their way of thinking so they will have the motivation to lift themselves out of poverty. To have "assets", even if only health care property, is to change their way of thinking immensely. MSAs create responsibility and higher expectations rather than the liberal pompous "we will do it for you because you cannot do it yourself."

MSAs will change the entire psychological atmosphere of ownership establishing such even in children in a fair manner, fostering and teaching freedom, self-worth and enterprise.

There is some worry about the rascals and those who will fail, but safeguards and penalties can be added as found necessary, but at last people will be able to waste their own money themselves, rather than some politician, administrator, or insurance executive. Indeed, whatever will be wasted by poor choices by individuals, will still be far less than the defense budget equivalent now given to bureaucrats, administrators and non-medical profiteers.

The Medical Savings Account plan skeleton (not etched in stone) is initially proposed as follows:

1. Each individual with a Social Security Number will have an MSA to be invested like TIA-CREF or mutual fund-like operation (no service fees!). Each MSA will be protected absolutely from any and all legal or other attachments.
2. Each employer must offer a minimum catastrophe coverage of \$50,000 after a \$3,000 deductible (As an example for many would be a minimum of \$2,000 annual contribution by the employer each January or divided into monthly payments, with perhaps \$1,000 contributed by the employee – or all by the employer). Anyone employed in any capacity would have a monthly contribution for his Universal Health Coverage

placed into his MSA. There will be no partial employee or any other category of employment in which the workers do not have a contribution placed into their MSA for each hour worked. THIS IS UNIVERSAL HEALTH COVERAGE! Mandated, for example, will be inflation-guarded contributions by every employer of \$1.00 per hour of work for anyone without a high school diploma, and \$1.50 per hour worked for all those with a high school diploma. With a forty-hour workweek at 50 weeks per year, a year work total of 2,000 hours is routine. Thus, full-time working high school graduates will accumulate \$3,000 in their MSA each year. Whatever amount is needed to pay for the \$50,000 catastrophe coverage will be distributed amongst the employers also. In summary, whenever anyone works, he will have some monies put into his MSA proportional to the hours worked and will have a \$50,000 catastrophe backup coverage with a deductible of \$3,000.

3. Minors' health care, even with their own budding MSAs, would still be the responsibility of their parents' MSAs with nuanced exceptions to be determined.

4. Unemployed citizens could get a comparable plan by government using cash or tax credits or other combinations into the MSAs.

5. All monies put into medical savings accounts will belong to the citizen at the end of each year. There will be no "use it or lose it" schemes. Tax credits and vouchers may be used. Unused tax credits, vouchers, etc. will convert to dollars in the savings account at year's end. All monies earned by this account will be tax-free. All monies deposited will be tax-deductible for either the citizen or the employer.

6. All disbursements will be to certified health care providers as determined and confirmed by the citizen. If disbursements are used for something other than certified health care, these will be taxed. Disbursements could be made by vouchers or tax credits, useable only for certified or licensed health care providers.

7. At a certain savings level (when the MSA reaches \$50,000, for example, up to ten percent could be taken out for non-medical purposes but taxed as income. This opportunity would be an award/benefit of staying healthy.

8. As earnings accumulate, the deductible will increase and so will the catastrophe coverage - at \$4,000 accumulated into the MSA, catastrophe coverage would become \$100,000; \$5,000 and \$250,000; \$10,000 and \$1,000,000; \$20,000 and \$3,000,000, probably ceiling out about there. Indeed, as some of the accounts reach self-sustaining levels (\$100,000 market value), employer/government contributions would be lessened or cease. Naturally, some monies will go for the increased cost of the increased catastrophe coverage adjustment.

9. At the beginning, many will "under use" health care, which will be self-rationing (to liberals' distress – they want to be in charge of the rationing) to keep the deductible intact. But when the bigger, later accumulations are there, most individuals will become cautious, negotiate for the best deals and use their money wisely.

10. Providers will have to offer good deals, good explanations and good results.

11. The Medical Savings Account concept can also be integrated with and modeled after capital credit stock ownership plans, i.e., the exciting binary economics of Kelso and Adler.<sup>5</sup>

12. There will be no managers or gatekeepers between the patients and the providers just as there were no managers or gatekeepers between the Good Samaritan and the injured traveler.

13. Insurance companies and Medicare will be limited to (a) supplemental plans someone may want for inexplicable reasons and (b) the catastrophe backup coverage.

14. At death, leftover monies will be distributed without tax consequences to inheritors' MSAs, further keeping the health care dollars in the "for medical care only" loop.

15. Individuals with MSAs will be encouraged to ask, if not demand, that their employers contribute to the MSA that amount now contributed to health care for employees. Declare oneself to be "self-employed for health care purposes" so tax advantages can also accrue. Perhaps a discount of 25% could be offered so that it would be to the employer's interest to contribute to your MSA instead of to another plan on your behalf. Once the employer catches on, he will want to do it for everyone as well as himself.

When fully understood, those against MSAs will only be insurance companies, physician provider organizations, managed care companies, and government boondoggles such as Medicare, et cetera, all of which will lose patients to rob.

### Summary

THE MOST IMPORTANT ISSUE FOR HEALTH CARE TODAY IS TO SEE THAT HEALTH CARE DOLLARS GO FOR HEALTH CARE AND NOT ADMINISTRATIVE SUPPORT OR NON-MEDICAL PROFIT (which are not health care). This also means that employers should not be allowed to profit from health insurance company kickbacks, payoffs, retainers, commissions, or other reimbursement schemes for health insurance programs. Medical savings accounts protect health care dollars. This is a total change of paradigm. One needs to use one's imagination to

visualize this without the usual insurance. Reflection reveals that the usual insurance is a false god on whose reliance little is gained most of the time. With contemporary plans, one often ends up paying out of pocket as much, if not more, than the minimum medical savings account contribution each year anyway. In conclusion, the cost of support and unnecessary control of health care in the United States is at least one-fifth of the total health care expenditures. In spite of that, patients are deprived of services by those who do not care, and providers are enslaved and cleansed.

Patients and providers will never achieve a relationship for the highest well-being of patients as long as Medicare and the megabureaucracies are interfering. The only way to do this is medical savings accounts. All providers must work to help patients establish their own medical savings accounts and do everything they can to disrupt and sabotage the megabureaucracy parasites. There is enough money for health care for everyone who needs it if the money were made available to subsidiarity, dignity, freedom and medical professionalism.

TO ACCEPT THE "PROFITABILITY" OF NON-MEDICAL SUPPORT STRUCTURES DRAINING HEALTH CARE DOLLARS FROM HEALTH CARE IS IMMORAL.

### **Conclusion**

The ethical and religious directives from the Catholic bishops have emphasized the Catholic identity, the mission, social responsibility, pastoral and spiritual responsibility and the professional/patient relationship, among other things. There is no doubt that the Medical Savings Account (MSA) approach is the only one that really meets all of the requirements of the Catholic identity and mission. The Bishops must undertake the Medical Savings Account education and support tasks now with the full force of their pallia. The Christus Medicus Foundation, together with ValuSure Corporation and Golden Rule, among other organizations, need to be enlisted and their expertise sought. Bishops must resist payoffs and bribery, and speak vigorously for the health care welfare of all by Medical Savings Accounts.

This observer believes that all non-MSA systems have become or are becoming not only unethical but against the principles of subsidiarity, human dignity, freedom and the medical profession.

## Appendix

As a help to doctors and patients, there follows a short list of insurance companies that definitely provide MEDICAL SAVINGS ACCOUNTS. If doctors want to save their practice and their patients, they should explain to patients what is going on and urge them to take out a Medical Savings Account and how to do it. For explanatory literature, write:

Golden Rule Insurance Co.  
7445 Woodland Drive  
Indianapolis, IN 46278

Medical Savings Ins.  
5835 W. 74<sup>th</sup> Street  
Indianapolis, IN 46278

ValuSure Corporation  
3707 W. Maple  
Bloomfield Hills, MI 48301

Christus Medicus Foundation  
3707 W. Maple  
Bloomfield Hills, MI 48301

## References

1. Elaine Enthovin and Richard Kronick, "A Consumer-Choice Health Plan for the 1990s: Universal Health Insurance in a System Designed to Promote Quality and Economy", *New England Journal of Medicine* 320-1 (January 5, 1989), 29-37; *ibid.*, 320-2 (January 12, 1989), 94-101; and *id.*, "Universal Health Insurance Through Incentives Reform", *JAMA* 265 (May 15, 1991) 2532-2536.
2. Christus Medicus Foundation 3707 West Maple, Bloomfield Hills, MI 48301.
3. Samuel A. Nigro, M.D., *The Death of America*, The Mankind First Company, 1973, pp. 166-175, USA.
4. Healthy Government – As the Law has assisted the practice of medicine and all else more and more for the alleged benefit of society, so it is necessary for Medicine to monitor law, politics and government for the benefit of society. To these purposes, this bill is formulated and offered.

As a physician, I have visited the White House. I have seen legislators in action. I have witnessed the judiciary at all levels. I have seen attorneys everywhere.

Without hesitation: the health of each member of the executive, judicial and legislative branches of government and of each member of the legal profession is in doubt and needs to be guaranteed.

Because of the potential detrimental impact on society, each individual in law and in the executive, judicial and legislative branches of government must be

healthy. Thus, citizens have an absolute right to healthy law and government officials at all levels. Period.

Corruption is unstoppable, but ill health affecting government and law operations can be remedied.

Indeed, the President of the United States has a physician with him almost all the time. Lesser individuals in the government should not be so discriminated against! And citizens should be protected.

Only by such medical monitoring of members of government and law can good government and law be assured.

The following outline of a proposed law is submitted to implement this essential step for healthy government officials.

The medical profession must attend to this and citizens must demand that each member of the government and law have their health care guaranteed for the successful and effective operation of society.

#### An outline of a bill:

1. A physician will be paid to be in attendance at all official government and law operations including all meetings, trials, hearings, sessions, and any other deliberations.
2. The physician will attend to ensure that a urine analysis is done each day on all officials participating in these operations. Urine analysis will be for general study, drug and alcohol screening, and pregnancy tests.
3. The physician will obtain documentation of or provide a proctoscopic examination within seven days prior to any legal or governmental event for all lawyers and officials participating.
4. The physician will obtain documentation that a psychiatric interview (in English) has been completed thirty days prior to any legal or governmental event by all participants.
5. The physician will be authorized to break hypnotic spells by physical or chemical methods should any participant be unduly controlled by the press and media.
6. The physician will have elementary resuscitation equipment available including pain medicines and anti-cramp medicines for menstrual disturbances.
7. The physician will monitor all for the paramenstrual affective disorder making available the latest treatment approaches found effective including hearing protective devices for others.
8. The physician will ensure that advance directives are completed for each individual.
9. Health care records will be accessible and available with the physician attending to all dimensions of care needed to insure the proper functioning of the lawyers', judges', officials' and government employees' brains, bladders, and bowels especially, but also of all other pertinent systems affecting deliberate capacities.

10. Each operative government group will allocate sufficient funds to provide for the implementation of this bill.

As the Law has intruded itself in all areas of society to ensure the rights of citizens, so Medicine must intrude itself into all government operations to ensure the health of members of the legal system and government.

Samuel A. Nigro, M.D., President, Healthy Government

5. Write Charles M. Cargille, M.D., 5800 Oxford Place, New Orleans, LA 70131.