

Why I Wrote This Book

Health is universally recognized as the most precious and essential earthly resource a person can possess. Our health is the most important **factor** that determines the extent of our lifetime accomplishments. In a nation committed to individual freedom and liberty, such as the USA, individuals have the freedom to pursue their dreams to the fullest extent, as long as they maintain their health. Unfortunately, many busy people take their health for granted until it's lost and fail to appreciate its importance until it's too late to protect or save it. That partially explains many people's lack of appropriate interest in healthcare excellence. As a busy Physician caring for patients with advanced and complex medical illnesses, I have seen this all too often, and it has compelled me to insist on reminding us all that proactively protecting and maintaining health as our most precious earthly blessing is vitally important if we want to live our lives optimally to the fullest extent. Virtually everyone I have seen who has lost their health, regrets losing it, not appreciating it until it was lost, and not working to maintain it, because health is the key to experiencing life itself. Thus, health, our most essential earthly blessing, ultimately determines not only the length of our lives but the enjoyment, quality, productivity and fulfillment of our lives as well. It follows that the most precious and productive resource a nation can have is the life and health of its citizens. Acknowledging this, it's irrefutable that the number one priority of a responsible government is to protect the lives and health of its citizens. **Unfortunately, U.S. healthcare, delivered through a system that is supposed to protect the lives and health of its citizens, has itself become the third leading killer of Americans, after heart disease and cancer, with over 250,000 Americans dying each year from needless medical mistakes and negligence.** These facts were reported in a scientific paper by Makary and Daniel from the Johns Hopkins University School of Medicine, published in the *British Medical*

*Journal in May of 2016.¹ Furthermore, Himmelstein and colleagues in the American Medical Journal confirmed the findings of others that U.S. **healthcare is the leading cause (62 percent) of personal bankruptcy for Americans.** To state it candidly and painfully proclaim the obvious, the problem of U.S. healthcare as the third leading killer and leading cause of bankruptcy for Americans can no longer be ignored by a nation committed to the well-being, happiness, prosperity and ultimately the very survival of its people. **Presenting this wake-up call to arms to the reader regarding U.S. healthcare is one reason that I wrote this book.***

These facts demand our immediate attention and informed action because most Americans and their loved ones will receive healthcare within this failing U.S. healthcare system regularly. In fact, your life and quality of life may depend directly on how knowledgeable you are about promptly recognizing the dangers and pitfalls of this healthcare system. This includes how skillful you become as a co-leader of your personal healthcare team with your primary physician in securing excellent patient care and service within a severely flawed system. **To put it bluntly, in the U.S. healthcare system, what you don't know as a patient can kill you, and what you know can save your life.** That is precisely why I have written this book. I want to alert Americans to the grave dangers posed by a failing healthcare system, explain what has caused it to fail, and provide them with immediate knowledge that could help save their lives and improve their quality of life. I aim to demonstrate to readers how to promptly recognize, avoid, and resolve common healthcare issues by presenting preventable healthcare problems through the stories of actual patients and reviewing them in follow-up discussions. Most importantly, however, I want to educate and empower patients to become the primary leaders of their own personal healthcare teams, as this is the most effective way to navigate the failing U.S. healthcare system safely.

In Chapter 4, I teach readers the principles of goal-directed personal healthcare leadership, enabling them to effectively pursue excellent patient care and service for themselves and their minor and dependent adult relatives, even within our severely flawed healthcare system. In the

current healthcare system, becoming an effective leader of your personal healthcare team is crucial for achieving optimal care. This book will educate and empower you in this regard. Please believe me when I say that only an educated patient is an empowered patient.

Another essential member of your healthcare team is your primary physician, who is co-leader with you. This physician is your main advocate within the healthcare system and must therefore be chosen very carefully. Because of this, I have also included a physician rating system within this book that will help you identify and select “A-Team Physicians,” the top 10 to 15 percent of physicians, as the doctors to safeguard your health in a failing system. Chapter 8 provides patients with basic practical information on handling medical misadventures and medical malpractice.

Finally, I want to challenge and inspire every American who becomes the successful leader of their personal healthcare team to embrace and proclaim the dream and vision of **Excellence in Patient Care, and Optimal Health, that is Accessible, Affordable, and Accountable for every American citizen** as the undisputed, number one priority of a revived U.S. healthcare system through the passage of the “**U.S. Excellence in Patient Care Act 2028.**” (Chapter 11) To fulfill this dream, every American must exercise their freedom and individual leadership ability to come together as a team to insist that the political leaders of the U.S. recognize that protecting the life and health of the citizens is, and must always be, the government’s top priority. In recognition of this priority, the current failing healthcare system, which has become a leading cause of death and bankruptcy for Americans, must be replaced with a revived U.S. healthcare system that prioritizes **excellence in patient care and service and optimal health** that is **accessible, affordable, and accountable** to all **American citizens**. To achieve this dream, the people and leaders of our nation must immediately begin evaluating, reviving, and reforming the U.S. healthcare system. In the last chapter(11), I present a visionary, innovative, purposeful, and practical plan, **The U.S. Excellence in Patient Care Act**, to secure excellence in patient care and optimal health as the top priority of U.S. healthcare

that is accessible, affordable, and accountable for all Americans. It's time to unite our divided country in a healthcare revolution of patient empowerment, to achieve a dream we can all believe in: excellence in patient care and optimal health for all Americans. By doing this, we will truly empower every citizen of the USA to fully realize the blessings of individual freedom achieved in the original American Revolution, and we will give future generations of Americans the greatest possible opportunity to live exceptional lives.

My Promises and Commitments to the Reader as a Result of Reading This Book

1. You will be made immediately aware of the life-threatening danger that the U.S. healthcare system presents to you and your family, how it happened, and the threat that replacing excellent patient care and service with priorities of financial performance, profit, and “affordability” represents to every American.
2. You will be given potentially lifesaving knowledge, techniques, and methods for obtaining and maintaining excellent, extremely competent patient care and service for yourself and your family while learning to be a competent co-leader with your physician in your personal healthcare team, even while the U.S. healthcare system continues to struggle and decline.
3. You will be given examples of actual mistakes and misadventures that patients have actually experienced within the U.S. healthcare system and presented with some of the most common dangers within the system to have essential knowledge about how to prevent, avoid, or promptly resolve poor healthcare outcomes for you and your family.
4. You will learn the importance of becoming an active, competent healthcare co-leader of your personal healthcare team

with your primary physician. You will be given the basic skills for this essential patient leadership role, including the ability to quarterback and lead the care of your minor and dependent adult relatives. As a result of the knowledge contained in this book, you will be able to more knowledgeably evaluate physicians and hospitals and learn how to deal with and resolve problems arising from physicians, hospitals, insurance companies, and government agencies more effectively. You will learn when and how to consider and initiate malpractice options when all other options have failed.

5. You will understand the principle that extreme competence in excellent patient care and service and optimal health of the patient is the primary priority of an excellent healthcare system: not financial performance, profit, and affordability. You will be able to confidently advocate for the priority of excellence in patient care and optimal patient health as the only acceptable goal for your own personal healthcare and the healthcare system for any nation, including the United States.
6. As an educated and empowered patient, a personal healthcare co-leader, and the most essential member and primary leader of your personal healthcare team, you will be a role model for other Americans and hopefully be inspired to teach others the importance and inestimable value of extreme competence in excellent patient care and service and optimal health as the only primary goal in healthcare.
7. Because health is the most critical earthly resource for each person, and the health of its people is the most crucial worldly resource a nation can possess, the knowledge that you gain from this book should inspire you to actively advocate for extreme competence in excellent patient care and service and optimal health that is accessible, affordable, and accountable to every American citizen as the only primary

goal for our U.S. healthcare system. Please get in touch with me on my website at survivingushealthcare.com for more information on how you can help the U.S. make this change!

CHAPTER 1

U.S. Healthcare in the Twenty-First Century

The American Dream Becomes a Nightmare

As a physician, surgeon, healthcare educator, and physician leader with more than thirty-five years of experience in U.S. healthcare and a cancer specialist, scientific researcher, department chairman, and cancer center director caring for some of the sickest patients in the world, **I have always championed extreme competence in excellent patient care and service and optimal health as the unchallengeable first priority of medicine and healthcare.** Unfortunately, during my career, I heartbreakingly witnessed the fall of the U.S. healthcare system, once the greatest in the history of the world, because of the greed for money, power, and political control, associated with replacing the priority of extreme competence in excellent patient care and service and optimal health of the patient, with the priorities of financial performance and profit, deceptively disguised under the innocent label of “affordability.”

At one time, the U.S. had the most advanced healthcare system in world history. Physicians, medical schools, and medical institutions in the United States led the world in dramatic advances in healthcare, including diagnosis, treatment, research, and education, as evidenced by life-saving cardiovascular surgery, transplant procedures, and innovative cancer treatments. Physicians came from all over the world to train under physicians at medical schools and institutions in the United States. As U.S. medical science developed, healthcare was rapidly accompanied by technological advancements and unlimited financial opportunities, with the U.S. spending over one trillion dollars (\$1.4 trillion!) on healthcare, accounting for 13.3 percent of the U.S. gross

domestic product (GDP) in 2000. That impressive financial position attracted business executives, insurance companies, big pharma, medical technology and device companies, major hospital systems, and politicians motivated by profit, power, and control. Unfortunately, these powerful financial profiteers realized that physicians and healthcare professionals, fully occupied with the goal of excellence in patient care and service, were not unified under powerful, courageous, competent, and character-based leadership. All the leadership skills used by busy clinical physicians were applied to care for patients, manage their practices, educate healthcare professionals, and promote better treatments through careful clinical research. Understanding that physicians were fully consumed as leaders in a healthcare system that put patient care excellence first, these financial and political entities redefined healthcare as a primary, for-profit business venture, rather than an essential service for all people.

The redefinition of healthcare as a “business” was immediately appealing to corporate executives and politicians seeking profit, power, personal wealth, control, and authority. Cunningly, powerful business and political leaders realized that they would have to form a powerful alliance to replace the U.S. healthcare system’s goals of extreme competence in excellent patient care and service and optimal patient health with their “progressive” goals of financial performance, profit, affordability, and power over the individual patients, their doctors, and the entire healthcare system. However, excellent healthcare is not - and never will be - a primary business, financial, or political endeavor. **The primary purpose of healthcare for the individual or the nation must be to provide extreme competence, excellent patient care and service, and optimal health for each citizen.** This financially driven coalition of business executives and politicians launched a revolution of healthcare disempowerment for the American people in the late twentieth and early twenty-first centuries. This revolution began with insurance companies and government programs exerting control over physicians, patients, hospitals, and medical institutions.

The most important relationship and essential component in excellent patient care and service is the physician-patient relationship. To succeed in transforming U.S. healthcare into a financially prioritized business, they had to destroy, or at least severely disrupt, this primary trust relationship between the patient and their doctor by intervening in and corrupting the physician-patient relationship. In the name of fiscal responsibility and financial performance, the time allowed for physician-patient interactions during new and established patient appointments began to be limited by the influence and recommendations of business professionals, often to fifteen minutes for an established patient visit and thirty minutes for a new patient visit. This represented the impending use of arbitrary financial criteria, generally applied without discrimination, to physician-patient interactions and services that had absolutely no clinical justification. The length of physician-patient interaction must ultimately depend on the time required to deliver excellent healthcare for each patient. The time required for excellent physician-patient interactions, including taking a medical history, performing an appropriate physical examination, and proper follow-up communication, varies with each patient and physician, depending on many medical factors, including the patient's medical condition and the physician's education and experience.

Obviously, time limits on physician-patient interactions, arbitrarily set to maximize profits based solely on financial parameters, rather than clinical necessities for excellent care, led to substandard interactions and deficiencies in patient care, which were recognizable by both the patient and the physician. Insurance companies and government healthcare entities reserved the right to deny patient care to their clients, including hospital admission, treatments, and medications, on strictly financial grounds. This forced physicians and hospitals, under weak and overburdened leadership, to create clinical pathways based on financial considerations and cost-cutting measures to comply with the new mandates. Critical diagnostic tests, such as CAT and PET scans, and treatments, including lifesaving surgery, were frequently denied to patients under insurance guidelines as "cost-cutting" initiatives, which

were actually profit-driven initiatives, as evidenced by the impressive bonuses received by insurance company executives during this process. Physicians in leadership positions were strongly encouraged to attain an MBA (Masters in Business Administration), degree as evidence that they were conversant with the new healthcare priority of financial performance and profit, and the physicians with MBAs were selectively preferred by business executives as the new breed of visionary physician leaders. As physicians have an insatiable appetite for education, this was initially a very effective strategy for subjugating physician leaders and bringing them into the rapidly advancing, “healthcare is a business” paradigm.

Ultimately, however, responsible clinical physician leaders saw through this paradigm of greed, control, and power and returned to support excellence in patient care, despite the fact that business professionals and politicians had secured leadership of the healthcare system. As part of the “healthcare is a business strategy” approach, a cry arose across the nation from business executives, politicians, and even corporately indoctrinated physicians: “The best healthcare is the cheapest healthcare!”

The person making this temporarily popular pronouncement at hospital meetings across the U.S. almost always left the meeting in an expensive automobile on the way to their estate, completely negating their belief that “the best is the cheapest.” Certainly, unnecessary spending must be avoided in healthcare, but this alone does not produce excellent care. The best, in terms of highly competent and exceptional patient care and service, is never the cheapest. As every educated American knows, the cheapest is generally never the best option in any regard for any complex product or service. Obviously, the executives, politicians, and physicians defending “the best is the cheapest” did not feel that way about their expensive luxury cars, massive houses, and extravagant lifestyles. In reality, “the best is the cheapest” as a cost-cutting strategy to increase profits by denying expensive but necessary components of patient care was only valid for the healthcare these “leaders” provided for “others.”

You should view “affordable healthcare” as healthcare that politicians, businessmen, and bureaucrats with a direct financial conflict of interest in your care think that they can afford to allow you to receive. Consider that concept the next time a potentially lifesaving CT scan, PET scan, surgical procedure, or medication is denied for you or your loved ones by the insurance company. To make sure that you have no recourse, insurance companies employ doctors who never see you, talk with you, or examine you, the patient, but deny the care recommended by your own doctor, who has spent time taking your history and examining you! In my experience, most insurance doctors who deny care are not even trained or board-certified in the appropriate specialty. Insurance doctors that participate in determining the healthcare of patients that they have never seen in order to deny care and increase profits for insurance companies, or inappropriately financially enhance government healthcare programs, are a significant part of the decline in American medicine. In my view, they are violating the Hippocratic Oath and have betrayed virtually every standard of healthcare and physician excellence, as they have a direct financial incentive to deny patient care for profit.

While excellent healthcare can be delivered with financial integrity, the profit margin is always lower with excellent healthcare than with poor or mediocre care, because providing excellence is expensive yet essential for optimal patient outcomes. Massive, exorbitant profits in healthcare, especially those that reward bureaucrats and third parties for denying patient care, can only be generated by cost cuts that deny appropriate care and adversely affect the quality of patient care. This is because the cost of delivering excellent healthcare, while allowing for modest profit margins under excellent financial management, never yields massive, exorbitant profit margins. Cost-cutting had to be taken to a new level to satisfy the hunger of business and political leaders, who had a direct financial conflict of interest with patients receiving, and physicians dispensing, high-quality and excellent care. This was achieved by limiting physician-patient contact. Essentially, business executives and politicians, backed by misguided physicians, began im-

posing time limits on physician-patient visits, including the aforementioned fifteen minutes to see an established patient and thirty minutes to see a new patient. Physicians were even encouraged to spend part of their limited time talking with the patient while on the computer, filling out medical forms, often not even facing the patient while talking to them. This interference in the “sacred” physician-patient relationship by significantly limiting the physician’s time for history-taking, physical examination, and communication with patients was dangerous to the patient and a medico-legal liability for the physician, not to mention a deadly disruption of the physician-patient relationship. Despite this, it was taught and enforced in clinics, medical schools, and private practices, with some facilities placing monitor lights above exam room doors that turned colors to let administrators know it was time to interrupt the physician-patient visit as their “time was up,” regardless of what the patient or physician thought.

Turning healthcare into a ruthless “high profit” business and dehumanizing and trivializing the patient-physician relationship this way was an essential part of the revolution of patient and physician disempowerment, because only a totally downtrodden people, including embarrassed patients and “managed” physicians, can be easily manipulated and controlled. You may recall the era of “managed care,” introduced by business professionals and insurance companies to establish effective control over patients, physicians, and patient care under business management, thereby optimizing financial performance. In this setting, the priority of excellent patient care and service by physicians was replaced by a new primary priority for U.S. healthcare: financial performance, profit, and affordability.

The ultimate insult was to create new, deceptive, and demeaning names for physicians and patients. Patients were renamed “clients” to motivate them to view receiving healthcare primarily as a financial transaction, in line with the new priority of the healthcare system. Doctors, who generally had the highest level of education, training, certification, competence, and responsibility of any profession in the U.S., were designated as generic “providers” to enforce the new system’s

position that they were mere low-level functionaries, no longer leaders, in a financially driven healthcare system which employed insurance physicians to outrank them and review, approve, or deny the care that they offered to their patients. In short, the tail was wagging the dog, and a decline in excellence and competence in patient care was inevitable. To signify the new impotent role of the patient's attending physician, they were given this generic title, which appropriately clarified the fact that they were now functional underlings, mere generic "providers" in a healthcare system led by businessmen and politicians with titles like CEO, corporate vice president, chairman of the board, congressman, senator, etc. that allowed insurance doctors who never saw, talked with, or examined their patients to have the final say in their patient's treatment.

Furthermore, the regular, inappropriate denial of patient diagnostic studies and treatments, prescribed by the patient's attending physician, by insurance companies and their doctors, combined with a healthcare system based on financial performance, profit, and affordability, gives the U.S. the seriously dangerous "affordable" healthcare system we have today. Affordable for whom? **The cost in human lives and well-being associated with healthcare, based primarily on financial performance, profit, and affordability, is unsustainable, and Americans are paying dearly for an "affordable" healthcare system that is killing them and bankrupting them in the process.**

Insurance companies realized that cutting costs through patient care denials was so profitable that they hired more doctors to effectively limit the care that patients received from their personal physicians. These bureaucratic insurance doctors determine the final treatments for patients they have never seen, spoken with, or examined, and they are paid handsomely, sometimes as much or more than they could earn as physicians practicing real medicine. The fact that "cost-cutting" by denying patient care allows for the incredible expense of insurance companies paying doctors full-time to deny patients the care prescribed by their physicians is undeniable proof that the terms "cost-cutting" and "affordability" are misnomers for the less palatable truths of profiting

on sickness and trading lives for dollars! “Trading lives for dollars” is the new hallmark of the U.S. healthcare system and occurs every day. Yet the government has generally protected insurance companies and their insurance “doctors” from being sued in malpractice cases.

Finally, the U.S. government completed the downfall of the U.S. healthcare system, and the replacement of the original priority of excellence in patient care and service, and optimal patient health, with financial priorities in the “Affordable Care Act,” which established the health insurance industry, big pharma, and large hospital corporations under politicians in the U.S. government as the undisputed leaders, power brokers, and financial beneficiaries of the healthcare system. This also established beyond question that the primary goal of the current U.S. healthcare system is financial performance, profit, and “affordability,” not excellence in individual patient care and service and optimal patient health. Let that sink in for a moment. The new goal of the U.S. healthcare system of “affordability,” which limits the money spent on individual patient care and service excellence, has become the new standard. The problem is that random cost-cutting often directly conflicts with excellent patient care and service, especially when costs are cut by those without sufficient medical knowledge and a direct financial conflict of interest to patient welfare, as is frequently the case. Essentially, cutting costs by denying medical care to insurance policyholders ultimately improves the cost-cutter’s financial performance by depriving patients of lifesaving care and treatment. Thus, we are trading lives and quality of life for dollars. That is the problem in perspective! **Financial greed and unprecedented lust for power, control, and ambition have led to the destruction of the greatest healthcare system the world has ever known and, more importantly, have taken the “care” out of healthcare, potentially endangering the lives of every American.**

I am committed to restoring the patient as the unchallenged number one priority in healthcare and to achieving extreme competence in excellent patient care and service and optimal patient health, making it the number one priority of U.S. healthcare and healthcare across the globe.

As you will see if you read this entire book, **the time to act is now.** First, every American must become aware of the problem and use the information and knowledge presented in this book to protect themselves and their families by becoming the primary leader of their personal healthcare team as a “co-leader” with their primary physician in the effort to achieve excellence in patient care and service at all times. This means making sure that you are under the care of an “A Team Physician” (see Chapter 5). This is a term I coined to describe physicians with excellent training and credentials, committed to extreme competence in exceptional patient care and service, with a reputation and performance in excellent practice that backs up that commitment. These are physicians who understand that the patient, their life, and their health come first. They are not perfect, and, like all humans, they can make mistakes, but they have placed patient welfare first and take leadership and accountability for their office, staff, hospitals, and all aspects of their practice related to patient care and service. In my healthcare and the care of my family, I only use A Team Physicians for significant or long-term care, because the physician is the most important determiner of your medical outcome, besides God himself, and your foremost advocate within our broken healthcare system.

The word “team” signifies that excellent healthcare is a team effort with you, the patient, as the most critical member and primary leader of the team, the one with the most at stake, in partnership with your primary physician and other team members of your choosing (See my physician rating scale in Chapter 5). Thus, the physician-patient relationship is the primary determinant of your quality of healthcare. Once you understand this principle, you will realize that you, the patient, must be an active and committed co-leader with your physician in your personal healthcare.

Government politicians, bureaucrats, health insurance company executives, major hospital corporations, and big pharma had to target, intervene in, and corrupt the physician-patient relationship to shift the priority in U.S. healthcare from excellent patient care to financial

performance, “affordability,” and business profit. That’s why they strove to limit the time patients spent with their physicians, developed clinical pathways that obstruct and deny treatments doctors prescribe for their patients, and hired doctors who never see or examine the patient, yet deny, limit, or disallow the patient’s treatment. The ultimate, brilliant insult to demean and downplay the unprecedented, extensive training, commitment, and certification of the physician who actually sees and treats the patients was for these financial entities to have patients use the term “providers,” not doctors, physicians, or surgeons, to describe the doctors they were seeing. While some might say, “Why is this significant? What’s in a name?” my answer is: **Everything !!!**

When examining healthcare power structures that determine your care, your doctor possesses the most training, credentials, certification, and expertise, with your primary interest at heart. But who will have more influence with the financial controllers? A CEO, Vice President, Chairman of the Board of a hospital or insurance company, a government bureaucratic Department Director, an insurance company Doctor, or a generic “provider” of patient care? As we will discuss further in Chapter 5, the physician-patient relationship has been the key to excellent patient care for centuries, allowing the patient complete freedom to choose physicians and treatments presented by extremely competent physicians committed to the welfare of the patient with no intervening persons or powers. By changing the physician-patient relationship to the “provider-client” relationship, the insurance companies, big pharma, and hospital corporations were easily able to intervene and often became the prominent and leading parties in the relationship between the patient and the physician, even to the point of denying patients access to the best physicians, hospitals, diagnostic tests, and treatments.

To put it bluntly, physicians and surgeons are highly trained, caring, and certified professionals, and patients are people seeking healthcare and healing. For the competent delivery of excellent patient care, the time-tested healing bond of the physician-patient relationship can never be forsaken for the crass business “provider-client” relationship

that allows business professionals and politicians to intervene between the patient and physician for the purpose of maximizing third-party profits and control over the individual.

It is critical to be aware of the reality that just the act of receiving healthcare in the U.S. can be dangerous, as reportedly over 250,000 patients die needlessly each year in the U.S. from medical mistakes and negligence. Therefore, I encourage you to become involved as a primary personal healthcare team co-leader with your physician to fully understand the goals, possible side effects, and complications of the treatments your physician recommends.

My Goals in Writing This Book

At this time, hopefully, I have accomplished my first goal and promise to you, the reader:

1. You are now aware that the U.S. healthcare system, once the greatest in the history of the world, represents a significant and deadly danger to you and your family, as U.S. healthcare itself, has become the third leading cause of death, and the leading cause of personal bankruptcy in the U.S., with over 250,000 people being killed needlessly each year by medical mistakes and negligence. Hopefully, you now have an understanding of how this crisis was predictably produced by replacing the priority of extreme competence and excellence in patient care and service and optimal patient health with the priority of financial performance, profit, and “affordability.” This required patient care leadership by physicians to be replaced with healthcare leadership by business professionals and politicians. Most Americans are unaware of the dangers of receiving healthcare in our current system. Even if you read no further, you have been made painfully aware of the dangerous problem of U.S. healthcare. You have been given reason to be skeptically cautious, discerning, personally inquisitive, and to insist on exactness, precision, and excellence

in the healthcare of you and your family. I believe strongly, however, that while calling out a critical, life-threatening problem is important, reporting it alone is insufficient, unless achievable solutions are also proposed. That is the purpose of the remainder of this book: to offer the reader achievable solutions to the current crisis in the U.S. healthcare system and its effects on you and those you love.

2. I want to provide you, the reader, with methods and techniques to obtain extremely competent, excellent healthcare and service, even in the current dangerous U.S. healthcare system, by teaching you to be the primary co-leader of your personal healthcare team with your Primary A Team Physician (see Chapters 4 and 5).
3. This book will show you how to address acute and serious problems that arise in your healthcare, including how and when to get second and third opinions; change physicians, hospitals, or medical institutions; and, lastly, when and how to consider malpractice actions when all else fails.
4. You will be instructed in the basics of maintaining your personal medical records accurately as a co-leader in your healthcare, including a way to retain and store essential tests, such as CAT and PET scans.
5. Finally, I want to inspire you to become an active advocate for a return to the priority of extreme competence in excellent patient care and service and optimal patient health to replace the current U.S. healthcare system priorities of financial performance, profit, and “affordability.”

In this regard, I would ask you to support a return to excellent patient care and optimal patient health that is accessible, affordable, and accountable, for all Americans through the U.S. Excellence in Patient Care Act, (Chapter 11), or similar legislation.