

Devil's Glossary of Non-clinical Terms: Special COVID edition

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This was a guide originally published by the CMA way back in 1993 (during the Clinton Health Care Reform debacle) as an aid for medical journalists covering health care in California. Version 1.0 of the Devil's Glossary was published soon thereafter, in 1994. I edited and reprinted it again in 2010.

In this age of COVID, I felt that it was time to re-edit and revisit the issue.

The original guide was published using the usual bureaucratic jargon, so (in the finest tradition of Ambrose Bierce) I have liberally provided a translation. New COVID definitions are marked with an asterisk

***Accovidize:** This is the act of changing one's behavior to accept the reality of today's public health climate: wearing masks, maintaining social distancing, etc. However, the term has also come to represent a political act, as in: *"I refuse to accovidize in this store. Masks are unconstitutional; just try to throw me out!"*

Advanced Directives: More paperwork to remain unread in a patient's chart concerning preferences about life-sustaining procedures. Unfortunately, these are almost never available when the patient is comatose in an emergency department, thereby making their existence moot.

Ambulatory Care: Care delivered only to people who can walk and pay at the same time.

American Medical Association (AMA): A national association of fossilized old men still living out in the medical practice climate of the 1950's and 60's, fighting yet another rear-guard action against Health Care Reform. They claim to be the voice of organized medicine, but since fewer than 20% of practicing physicians belong, they are living in a fantasy world. Today, there are high powered psychotropic medications to dissolve their delusions of relevance.

Attending Physician: The physician on the medical staff who is usually the first name to appear in any malpractice litigation.

Bioethics: The study of the ethical implications of biomedical technology and practice. Topics include (but are not limited to): Can a surgeon write-off the cost of leaving a hemostat inside a patient's incision? are lawyers or insurance underwriters deserving of medical care? is it ethical to fire bomb the office of the insurer who denies pre-approval for a simple test or procedure that may save a patient's life. Now, in this age of COVID: Must physicians provide care to someone

who contracted COVID by going to a political rally, boarding a commercial airliner or attending an ill-thought wedding?

Bio-medical Research: One of many ways to tap into government coffers to pursue one's pet projects. This is usually affiliated with major universities where the president or department chair needs new living room furniture.

Budget Predictability: The fantasy that one can plan in advance for expenditures over a stated time period. In health care, the relationship between predictability and actual expenditures is tangential, at best, thereby leading to both a *credibility gap* and health care oversight by CPA's, bookkeepers, and other bean counters whose knowledge of medicine is gleaned from past issues of *Reader's Digest* and *The National Enquirer*.

Capitation: A method of payment for health services that is the darling of Kaiser-Permanente, insurance companies and other HMO health policy wonks. A practitioner is paid a fixed, less than subsistence fee, for each person served over a period of time without regard to how much care that person actually requires. This method of reimbursement has the not-so-subtle incentive to under-utilize services, thereby placing the health care practitioner at higher risk, since capitation has not been accompanied by *legal tort reform*.

Clinical Autonomy: An outmoded concept where the physicians' medical judgements were based solely upon their training, experience and specialty. In today's enlightened, interdependent world, this concept has gone the way of the horse and buggy, and we now know that basing our clinical care on the pre-approval of a high school drop-out who can't spell "MRI," is a much more democratic and egalitarian way of caring for patients; oops, I mean clients.

Collective Bargaining: A comprehensive term that encompasses the negotiating process between workers and management on wages, hours, and other conditions of employment. However, when applied to medical practitioners the process is referred to as *Price Fixing*, and any group of physicians that ban together for the purpose of negotiating reimbursement rates from an insurer stand a good chance of facing *Anti-trust violations* and an appearance before a government grand jury. The take home message is if one wishes to negotiate with another agency, get out of medicine and get in the unemployment lines.

Congress: That assemblage of 535 guardians of the public good that are supposed to watch out

for our interests. They accomplish this minor miracle by allowing lobbyists for the insurance and pharmaceutical industries to write all Health Care legislation, and lobbyists for the oil and coal industries to write all environmental legislation. Congressmen feel that the people they represent are children that need to be led by their betters, i.e. wealthy pressure groups and lobbyists who can finance their congressional re-election campaigns.

Controlled Substances: Drugs or drug products that can get one high, and offer addictive potential. In yet another feeble attempt for the government to attempt to curb the supply of drugs of abuse from making it to the streets, the Drug Enforcement Administration (DEA) is charged with regulating these substances. This is accomplished by paying the DEA \$210 every third year for the privilege of receiving a green piece of paper that states one may prescribe these toxins. And, for seven-cents a prescription we can prescribe the truly dangerous drugs to our patients who are in serious pain. The net result of all these regulations has about as much effect in stemming illicit drug use in this country as trying to stop the incoming tide with a colander.

Cost Containment: An assemblage of strategies to help keep health care costs down. This usually results in decreased reimbursements to the physicians who only use about 15% of the total health care cost, whereas administrative costs consume 25-30% of health care dollars. As more and more strategies are enacted to keep costs down, the number of oversight bureaucrats will increase to make sure that physician and practitioner reimbursements stay down in direct proportion to the concomitant escalation of administrative costs. Go figure.

Cost Shifting: A financial management strategy where one robs Peter to pay for Paul's health care. A direct application of the Marxist dictum, "From each according to his abilities to each according to his needs."

***Covidiot:** A portmanteau of "COVID Idiot" – An otherwise sane individual who ignores all that is going on around them and denies the reality of the COVID pandemic – refusing to wear a mask in public and not social distancing, despite the threat to their parents and children. This becomes even more problematic during the holiday season when covidiot continue to crowd airplanes and airports leading to massive spikes in viral infections that these people deny responsibility for.

***Covlements:** A portmanteau of "COVID Supplement" – These are readily available dietary supplements that people may (or may not) take in an effort to prevent or recover from COVID.

Such supplements may be: melatonin, zinc, Vitamin C, Vitamin D or any other OTC medication that people think may prevent or mitigate COVID. This is a real world example of “Pascal’s Wager;” If the pills work, great; if they don’t, no loss and they probably won’t hurt you. I’ll let the reader google Pascal’s Wager

Economic Credentialing: The use of economic criteria, i.e. how much money does the doctor make for the hospital, to determine a physician’s qualifications for medical staff privileges. This contrasts to *clinical autonomy* (see above).

Electronic Medical Records (EMR or EHR): That mirage-like panacea of all “health-care experts and bureaucrats” whereby a patient’s medical file is stored out in cyberspace. This is supposed to lead to less redundant redundancy, greater accessibility and better patient outcomes. And, if we add the eye of newt and wing of bat, we can let the computers do all the work, including the dispensing of meds. For the non-reimbursable price of more than \$250,000 the physician has the joy of being left in the dark when his computer system crashes or is hacked by a 10th grade delinquent.

Emergency Room (ER): A unit that provides immediate evaluation and treatment for patients. This exempts them from the need of making an appointment with their own physician who can handle the same problem for less than half the cost. It is also the point of contact between the medical care system and people who are suffering from symptoms of COVID infection, especially the covidiot (see above).

Fee-for-service: The darling of the AMA and most right thinking physicians whereby a hospital or physician bills for each encounter, treatment or service rendered. This contrasts to *capitation* (see above). This has the not-so-subtle incentive to over-utilize services and for physicians to go into high paying, procedure driven subspecialties. Why see a patient once, when you can see them 3 or 4 times, stick a scope into an orifice and get paid for each visit and procedure?

Food and Drug Administration (FDA): a federal agency who looks out for our welfare by insuring that foods, drugs and biological products are safe and effective. 60 years ago they saved the American public from the dangers of Thalidomide, and are still touting that victory today as a reason for not utilizing European experimental data and licensing new drugs sooner.

Health Care Reform: Congress’ annual kowtowing to the Insurance and Pharmaceutical

Industries. (How many lobbyists can dance on the head of a senator?), and the public be damned. In 2010, Congress enacted the “Affordable Care Act” (ACA, Obamacare) in a minuscule effort to reform health care, and then spent the next ten years launching 54 lawsuits and petitioning the Supreme Court to overthrow the act. However, in an instance of the court actually showing some integrity, they kept the essence of the act intact, but did throw out some necessary safeguards. As far as Congress is concerned this is the modern version of “Let them eat cake.”

Health Maintenance Organization (HMO): An organized system for providing capitated care (see above). However, with the help of smoke and mirrors, subscribers who think they’re covered will find themselves bankrupt and out in the cold while the HMO directors enlarge their bloated bank accounts in the Caymans.

***Herd Immunity:** This is the rumor-filled imaginary notion that by not adhering public health guidelines we can “infect” ourselves into becoming immune, as in “*I heard immunity is possible if I survive a COVID infection.*” If this magic excuse for not addressing the pandemic does exist, then, according to epidemiologists, at least 70% of the US population must be infected to achieve this state. In a nation of 320 million, that means that at least 224 million of us must contract COVID, and with a 2% death rate at least 4.5 million will die – quite a bargain for the “COVID is a Hoax” crowd.

HHS (Department of Health & Human Services): That cabinet level department of the Federal Government that ignores physicians and sets health care policy based on the public’s responses to the latest quiz in *Cosmo*

Informed Consent: An agreement coerced voluntarily from a patient for the performance of specific medical, surgical or research procedures. The material is explained in as many multi-syllabic, jargon filled terms as possible, except for the word, “death.” If the patient is not scared witless by the risk of a complication that occurs less than .0001% of the time (or happened to an acquaintance’s sister), he or she will then sign for the procedure. The patient’s lawyer will then manage to have the informed consent invalidated later, after the patient sues the physician.

Intensive Care Unit (ICU): A specialized unit within a hospital where patients with life threatening conditions are placed, and physicians have the opportunity to play with all sorts of high-tech goodies, thereby increasing their reimbursement (see Fee for service, above).

Internship: That period in the training of physicians that most closely resembles a cross between a year long fraternity hazing and Third World Prison Torture Cell. This is designed to turn out caring, humanistic physicians. Go figure.

Joint Commission on Accreditation of Hospitals (JCAHO): see Accreditation. No way am I going to come up with another synonymous definition.

Journal of the American Medical Association (JAMA): A journal published by the AMA (see above). It is a haven for unemployed statisticians, and allows them to practice their trade with a vengeance.

***Mask-litter:** The piles of garbage we now see alongside the highways and in parking lots. Most of these materials are discarded masks that people throw away after leaving the grocery store or other place of business that requires customers to wear masks.

Physician-assisted Suicide: a new medical subspecialty founded by Dr. Jack Kevorkian. However, the board certification exam has yet to be worked out since none of the patients survive.

Pre-existing Condition: The escape clause for the insurance industry. Any health condition that occurs before they receive the bill is considered pre-existing, and therefore, exempt from coverage. This concept was supposed to disappear with the passage of ACA in 2010, but has been resurrected by the Trump administration to further deprive people of health insurance during this age of COVID.

***Prezmeds:** A portmanteau of “Presidential Medications.” These are medications or treatments known to be ineffective or toxic that were highly touted by President Trump as a cure for COVID. Such well known “cures” included: sun exposure, taking bleach internally, hydroxychloroquine and others.

Primary Care: Low man on the specialty totem pole. Fuhgeddaboudem; they don’t count. This endangered species will soon be extinct, buried in an avalanche of paper-work, denials and medical school debt.

Self Referral: Doctor shopping.

Single Payer System: The Canadian panacea for the medical ills of the United States. In this system there is only one payer (usually the government) that gets stuck for the bill. This contrasts to our current system where there is a plethora of insurance companies and plans who can succeed in losing, or disallowing, the patient's medical charges in a blizzard of paperwork. This spreads the responsibility among many players, so no one gets the full blame for the system not working.

***Social Distancing:** The commonsensical notion that keeping away from others will help slow the spread of the Corona virus. This simple public health measure has been known for thousands of years. However, in an act of magical thinking, millions of people feel that crowding airports and airliners to fly home for the holidays trumps commonsense, and because "it's Christmas," God will smile upon them, reality will be suspended and no one will get sick. We've seen how well that's been working, lately.

Solo Practice: A medically endangered species, about to be devoured by the health care cooperative monster.

Specialist: the apex of the medical pyramid. These are the physicians who command the high fees, and extravagant life style of the golf course. However, since they're only marginally higher on the food chain than the Primary Care docs (see above), their days may also be numbered -- to be replaced by robots and computer algorithms.

Stat: A word invented by television, to give dramatic impact to essentially boring TV medical dramas. However, in a case of Life imitating Art (or imitation art, as the case may be), real medicine has adopted the word, so now all physicians can feel like TV stars.

Tort Reform: Anathema to the trial lawyers of America. As opposed to health care reform, this is tinkering with our inalienable rights to sue the pants off one another, irrespective of the true facts of what may have occurred. Since the overwhelming majority of our legislators are lawyers and not physicians, we can see that tort reform will happen about the same time campaign finance reform is enacted -- possibly before the Tricentennial.

Utilization Review (UR): Yet one more level of administrative bureaucracy placed in the hospital environment to second guess the motivations of both physician and patient for the patient's presence in the hospital. When UR guidelines are carried to their logical extremes, we

shall have a nation full of completely empty hospitals; a monument to a bygone era.

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