

Conscientious Objection to The Necessity of Unnecessary Healthcare Bubble

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My opinion

Sommer et al. should be congratulated for exploring multifaceted effects on patients secondary to cancellations/postponements of interventions [1]. However, the follow-up question should have been: If non-emergency interventionsâ€™ completion had been necessary within a certain stipulated time frames, they might not have been canceled/postponed beyond those time frames. Doesnâ€™t this imply that canceled/postponed interventions might not have been necessary within those time frames considering that they had been allowed to get canceled/postponed? Isnâ€™t the primary concern for patients physical suffering due to cancellations/postponements? Isnâ€™t the primary concern for providers economical suffering due to cancellations/postponements? The psychological-social-spiritual suffering due to cancellations/postponements might be difficult to quantify when conflicted dilemmas of quantifying evaluators (patients, providers and payers) cannot be ruled out. The conflicted dilemma for patients has evolved with patients themselves becoming the product considering that their direct payments for their healthcare are meager, if any, in the third-party payer systems. The conflicted dilemma for providers has evolved with them turning oblivious to the costs of their services borne by patients and payers in the third-party payer systems [2-3]. The conflicted dilemma for third party payers is how to balance preventative services for at-risk population draining them by the sheer numbers which need coverage vs. curative/palliative services for the diseased few draining them by the exorbitant costs as entailed in modern therapeutics.Â Â

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Conscientious objection is an inevitable consequence of this dilemma because what seems unnecessary to some seems necessity to others [4-5]. Whether it is war or medicine, the conscientious objectors are awakening society to gauge the necessity of anything which has evolved to be accepted as necessary. Concurrently, the society expects conscientious objectors to understand that war and medicine may remain necessary until conscientious objectors achieve a critical mass forcing society to reevaluate

the necessities which have gotten society tethered to them leaving the society no other option but to keep waging unnecessary battles or promoting unnecessary interventions to sustain its economy revolving around wartime or iatrogenic activities. It may seem ironic to talk about war and medicine in the same breath but both may seemingly intend to save lives most of the times and may still inadvertently cost lives some of the times while in the interim, both are reshaping the economy always without ever being economical. Therefore, the conscientious objectors should be considered as checkpoints needed to keep a check on unnecessary necessities overwhelming the society.Â Â

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Summarily, until and unless indigenous and exotic healthcare bubbles learn to adapt based on the experiences of indigenous and exotic litigation bubbles [6-16], society is stuck between a rock and a hard place because necessity used to necessitate inventions but now inventions have started to invent necessities.

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