



Health Care Infinity: Prohibit Regulate Normalize

Peer review status:

No

Corresponding Author:

Dr. Deepak Gupta,
Anesthesiologist, Self - United States of America

Submitting Author:

Dr. Deepak Gupta,
Anesthesiologist, Self - United States of America

Article ID: WMC005697

Article Type: My opinion

Submitted on: 01-Apr-2021, 10:54:37 PM GMT **Published on:** 06-Apr-2021, 03:21:31 AM GMT

Article URL: http://www.webmedcentral.com/article_view/5697

Subject Categories: ECONOMICS OF MEDICINE

Keywords: Health Care, Prohibition, Regulation, Normalization

How to cite the article: Gupta D. Health Care Infinity: Prohibit Regulate Normalize. WebmedCentral ECONOMICS OF MEDICINE 2021;12(4):WMC005697

Copyright: This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC-BY\)](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source(s) of Funding:

NOT APPLICABLE

Competing Interests:

NOT APPLICABLE

Health Care Infinity: Prohibit Regulate Normalize

Author(s): Gupta D

My opinion

Humanity should look much further beyond short-term vision for Health Care 2030 [1] because existential questions are so many and answers to them are so few, if any, when some do everything and some do nothing while few, if any, relish the endgame to exist in matrix.

1. What have been the primary gains to the humanity due to exponential progress in healthcare delivery over the last century [2]?
2. What is the primary endgame [3-5] for the humanity with unstoppable though unsustainable progress in healthcare delivery when longevity of life has been a moving target socioeconomically and quality of life is way too personal to get defined in universal terms?
3. Has humanity forgotten to learn how to limit their healthcare goals and targets on the lines of non-humans [6] who try sustaining their healthcare in the wild naturally without disrupting their ecosystems in the wild?
4. Will humanity surrender to artificial intelligence while misguidedly hoping that artificial intelligence will always serve humanity and its ever-growing healthcare needs because these insatiable needs are paradoxically going to make humanity existentially impossible without artificial intelligence thus allowing artificial intelligence to begin pulling the strings and eventually run and own the show in the matrix?
5. How will the future humanity repay their ever-growing debts [7-9] until they are hoping to get their debts completely forgiven when artificial intelligence owns the show because the future humanity may comparatively be smaller in size with inability to repay those impossibly overwhelming debts incurred by their ancestors especially when those ancestors might have already tapped into scantily available resources with none left for the future humanity to tap into?
6. How has humanity evolved to turn global society overtly dependent on the essentiality of healthcare jobs because downsizing and appropriating the unsustainable healthcare jobs will make the economic health of global society unsustainable?
7. How has humanity evolved to invent healthcare products for overconsumption which intentionally or inadvertently incentivize healthcare professionals to oversell themselves and these products thus creating a constant need to expand healthcare consumer base that in turn further prompts future healthcare innovations [10] for managing the metastatic overconsumption which in turn induces eternal shortage of healthcare professionals thus setting them up to fail in meeting the insatiable needs of unmanageably expanding healthcare

consumer base?Å

8. Why does modern humanity have to complicate all the simple things?
 1. Why is there no consensus that modern invention of humane birth control may be the best peacekeeping force deployed by global healthcare in modern times?
 2. Why is there no cost-containment strategy for end-of-life care and after-death care because it may no longer be possible to die without passing unforgivable and non-repayable debts onto the heirs or onto the society in the absence of heirs?
 3. Why is there no readiness in population to learn staying healthy and healing naturally while avoiding the trappings of modern healthcare delivery systems which ironically survive and expand socioeconomically with overabundance of oversold unnecessary healthcare services, more often than not?
 4. Why is there no check on human quest that is driving to catch on the impossible race to fulfill humanityâ€™s insatiable healthcare needs, especially the invented, cost-prohibitive and disappointingly unmet ones?
 5. Why is there no understanding among modern humanity about a basic tenet to limit the expansion of needs to avoid the disappointment of ever-growing unmet needs because the unrealistic goals and targets will always keep moving to create naÅve jobs for unsustainably expanding global population which will continue to irreparably consume the scantily available resources on the earth forcing the goals and targets to keep moving further and further towards unassailable and unsustainable heights?Å Å Å

Health Care Infinity should be about (a) humanely controlling human population, (b) banning unnecessary healthcare interventions, (c) cost-efficient and realistically goaled palliative/symptomatic/supportive/end-of-life care, (d) timely aborting gross world productâ€™s unsustainable dependence on healthcare industry, (e) natural, home and kin supported healing once again overtaking artificial, institutional and third-party supported healthcare, (f) curtailing overconsumption of healthcare products, (g) downsizing unnecessary healthcare specialties and their workforces, and (h) ethically responsible professionals making frightening litigious world irrelevant. As inspired from the paradox of prohibition [11], Shakespearean dilemma persists: (a) âœto prohibit, or not to prohibitâœ or (b) âœto regulate, or not to regulateâœ or (c) âœto normalize, or not to normalizeâœ. This dilemma is universally present with applicability to everything within the

matrix.

A story was one once told to me that we never sit in a vehicle which does not have functioning brakes to apply on an as-needed basis. However, brakes are needed only in a moving vehicle so as to avoid it turning into a speeding vehicle. As our matrix is never static (or dead) and always dynamic (or alive), we are banished to moving parts within the matrix thus requiring regulators to control our survival within the matrix. Thus, the bottom line is this that we can neither live with prohibition of natural deeds nor survive after normalization of natural deeds because we can only go on with our lives once our natural deeds are well regulated. The only remaining difficulty is how to gauge whether our natural deeds are getting overregulated to appear almost like prohibition or whether our natural deeds are getting under-regulated to appear almost like normalization. Herein the perception within the society comes to play a role. Whenever we feel our deeds are being prohibited, our deeds are being prohibited even if prohibition has not been formalized. Whenever we feel our deeds are being normalized, our deeds are being normalized even if normalization has not been formalized.

Although any human deed can be gaged on this spectrum in nature, few medicolegal examples can be used to self-explain the warranted balance by discipline.

1. Population control: Before the advent of modern "Pill", the only humane population control method known to and perfected by humankind was abstinence-celibacy. Thus, the question arises whether contraception should be prohibited which can lead to overpopulation inducing inhumane violence of wars and pandemics as similar to what happens in the animal kingdom [12] or whether contraception should be normalized which can lead to contraction or even extinction of humanity. Herein, the answer may always be regulating the contraception with population dynamics changing accordingly to adapt to evolving times in the unknown future.
2. Gun control: Before the advent of external "Tool", humans like other animals and plants used to primarily depend on their internal armamentarium to resist and overcome those which may attempt to trespass their homeostatic environments. However, with the passage of millenniums, the self-coronation of superiority among earthly species became possible for humanity with tools coming handy to maintain and sustain human safety in human-centered ecosystems. Thus, the question remains whether guns should be prohibited which may expose any tool-less human to potentially fall prey to human and non-human predators or whether guns should be normalized which may provide any human the opportunity to acquire the tool without knowing how appropriately to use the tool. Herein, the answer may always be regulating the guns to appreciate the invention's role in human superiority as a species while keeping a check on its self-destructive potential [13].
3. Drug control: Before the advent of overuse "Epidemic", tobacco, alcohol, cocaine, cannabis, opioids, caffeine and many other substances might have been accidentally discovered by the animals as medicinal or nutritional plants for medicinal or nutritional purposes which inspired the humans to explore and refine them to the dizzying heights of overabundance and thus overuse whereafter humans controlling their environments but lacking self-control might be at blame for humans' downfall due to drugs [6]. Thus, the question remains whether drugs should be prohibited which can strangle the humanity by depriving itself the experienced usage of medicinal and nutritional plants for medicinal and nutritional purposes as learned over the millions of years of life's existence on the earth or whether drugs should be normalized which can bring upon the humanity the carnage of overuse and overdose of pandemic proportions. Herein, the answer may always be regulating the drugs to contain the self-destructive proportions of drug overabundance and overuse of synthetically manufactured drugs without losing the medicinal and nutritional benefits of their plant-based origins and the naturally-derived drugs therein.
4. Diet control: Before the advent of food "Epidemic", food was an essentiality and death from starvation was the only reality. However, we started producing too much food and as we decided to sell food only to those who have the capacity to buy, we started over-feeding the already full stomachs while leaving those starving to keep on starving if they cannot buy at the market-stabilizing prices being asked for the foods because we do not have food production problem in modern economy but food distribution problem therein [14-15]. Thus, the question remains whether dieting should be prohibited which can further balloon our adiposity-based chronically diseased humanity or whether dieting should be normalized which can skin modern humanity down to bones thus negating the human labor over millenniums to finally achieve global abundance in food production. Herein, the answer may always be regulating the diet so that every human has just enough to feed on for surviving even if every human does not have enough to pay the price for the food being fed upon. A A
5. Pain control: Before the advent of opioid "Epidemic", humanity was more likely to suffer from the unrelenting pain and even die while suffering. However, we learnt to ease our pain just like our non-human ancestors learnt to ease their pain by retiring temporarily or permanently to secluded healing environments or using plant-based wild-nutrition as self-medication under evolved experimentations until we dawned upon ourselves the industrialized production of our analgesics and thereafter began ingesting the overabundant analgesics being produced to sustain our jobs created within our free markets. Thus, the question remains whether analgesia should be

prohibited which can revert us back to the times of immense suffering which modern humanity may find it extremely hard to endure as similar to domesticated animals'™ doomed plight in the wild [6] or whether analgesia should be normalized which may potentially hasten our modern humanity to die faster death although that death may most likely be painless at least for the dead after their death until and unless modern humanity discovers and accepts painful afterlife. Herein, the answer may always be regulating the analgesia to allow pain to play its role in survivable and adaptable suffering, only to be countered when survivors need the irreplaceable alternative to overcome insufferable happenings.

Essentially, even though prohibition feels like strangulation of natural instincts and normalization feels like drowning in natural instincts with regulation feeling like we can finally breathe despite apparently self-destructive natural instincts until we cannot breathe anymore due to overregulation seeming like prohibition and under-regulation seeming like normalization, balance by discipline needs the regulations as equalizers between prohibitions and normalizations of whatever happening within matrix's™ multiverse's™ nature that always exists over a spectrum. Therefore, 'Saving Normal' [16] should actually be about regulating the nature rather than prohibiting the nature or normalizing the nature because in the terms of philosophical utilitarianism, statistics'™ normal curve on the paper may analogously be inverted upside down as prohibition's™ paradox's™ regulation curve [11] for balanced existence within the matrix.

References

1. Health Care 2030: The Coming Transformation. <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0569>
2. Cancer Control in Low- and Middle-Income Countries: Is It Time to Consider Screening? <https://ascopubs.org/doi/10.1200/JGO.18.00200>
3. The NHS: possibilities for the endgame. Think more about reducing expectations. <https://www.bmj.com/content/318/7178/209>
4. What Role for Hospitals in the Health Care Endgame? <https://www.jstor.org/stable/29772613>
5. Redesign with the Endgame in Mind: Optimize the Patient Experience. <https://cipherhealth.com/blog/redesign-with-the-endgame-in-mind-optimize-the-patient-experience/>
6. Wild Health: How animals keep themselves well and what we can learn from them. <https://www.amazon.com/Wild-Health-animals-themselves-learn-ebook/dp/B08SWJP4J4>
7. Global markets are partying like it is 2008 (but a crash is coming). <https://www.aei.org/op-eds/global-markets-are-partying-like-it-is-2008-but-a-crash-is-coming/>
8. 2021: The year the debt chickens might come home to roost. <https://thehill.com/opinion/finance/532182-2021-the-year-the-debt-chickens-might-come-home-to-roost>
9. This chart shows how debt-to-GDP is rising around the world. <https://www.weforum.org/agenda/2020/12/global-debt-gdp-covid19/>
10. Why Isn't Innovation Helping Reduce Health Care Costs? <https://www.healthaffairs.org/doi/10.1377/hblog20200602.168241/full/>
11. The paradox of prohibition. https://www.researchgate.net/figure/The-paradox-of-prohibition-Adapted-from-Marks-J-1993-The-paradox-of-prohibition_fig3_323101985
12. Do Animals Go to War? <https://www.nationalgeographic.com/animals/article/160130-animals-insects-ants-war-chimpanzees-science>
13. Guns, Germs, and Steel: The Fates of Human Societies. <https://www.amazon.com/Guns-Germs-Steel-Fates-Societies/dp/0393317552>
14. Scarcity vs. distribution. <https://awellfedworld.org/scarcity-vs-distribution/>
15. Study: Food distribution, not production, is the problem. <https://www.columbiatribune.com/article/20160426/Lifestyle/304269925>
16. Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life. <https://www.amazon.com/Saving-Normal-Out-of-Control-Medicalization/dp/0062229265>