Improving Healthcare Access and Outcomes Using Decentralized Technologies and Applied Agorism

August 9, 2016

Contents

| 1 | Rapid Technological Evolution Empowering Individuals | 2 |
|---|---|---|
| | 1.1 Decentralized Technologies | |
| | 1.2 Applied Agorism | 2 |
| 2 | Healthcare Monopoly Complicit With Poor Access and Outcomes | 2 |
| | 2.1 Healthcare Market Distorted by Government Intervention | 2 |
| | 2.2 Misdiagnosis | 2 |
| | 2.3 Disenfranchised Patient Groups | 2 |
| | 2.3.1 Rare Diseases | 2 |
| | 2.3.2 Unusual Disease Presentations | 2 |
| | 2.3.3 Under Studied Diseases | |
| | 2.3.4 Emerging Diseases | |
| | 2.4 Scarcity of Capable Doctors | |
| | 2.5 Limited Direct Patient Testing, Doctor a Middleman | |
| 3 | Patients Fighting Oppression by Practicing Agorism | 9 |
| | 3.1 Sharing Information | 3 |
| | 3.1.1 Existing Platforms | |
| | 3.2 Accessing Information | |
| | 3.3 Accessing Testing | |
| | 3.4 Access to Procedures | |
| | 3.5 Access to Treatment | |
| 4 | Future of Agorism Applied to Healthcare | 9 |
| _ | 4.1 Sharing Economy Breakthroughs Applied to Healthcare | : |
| | 4.2 Machine Learning to Phase Out Doctors For Diagnosis | |
| | 4.3 Homebrew Medical Devices Increasing Prevalence | |

1 Rapid Technological Evolution Empowering Individuals

1.1 Decentralized Technologies

music, film industries
energy, etc.
p2p, bitorrent, file sharing, circumventing IP laws
blockchain, bitcoin, circumventing middleman institution
darknet markets
crowd funding, gofundme, medical bills, charity
sharing economy, uber, airb&b, OpenBazaar products and services, platform cooperativism, eliminate middleman
decentralized web, ZeroNet, censorship resistance

1.2 Applied Agorism

Agorism is a philosophy detailing how to create a libertarian society of voluntary exchanges between people developed by Samuel Edward Konkin III and is expounded upon in his various works [1][2][3].

2 Healthcare Monopoly Complicit With Poor Access and Outcomes

2.1 Healthcare Market Distorted by Government Intervention

licensing requirements products sold constraints hospital accreditation drug patents

2.2 Misdiagnosis

[4]

2.3 Disenfranchised Patient Groups

2.3.1 Rare Diseases

CVID

2.3.2 Unusual Disease Presentations

seronegative HIV

2.3.3 Under Studied Diseases

ME/CFS

2.3.4 Emerging Diseases

2.4 Scarcity of Capable Doctors

The developing world has a major shortage of doctors. For example Nigeria has roughly 14% the number of doctors as OECD countries. [5]

vet anecdote

[6]

2.5 Limited Direct Patient Testing, Doctor a Middleman

Doctors are a middleman and serve as a barrier to access testing. Systemic problems exist where seeking alterate opinions does not guarantee improved outcome. Doctors are educated similarly and will have biases prevalent in the population.

[7]

3 Patients Fighting Oppression by Practicing Agorism

3.1 Sharing Information

3.1.1 Existing Platforms

Forums: Phoenix Rising PatientsLikeMe Human Diagnosis Project CrowdMed

3.2 Accessing Information

sci-hub.biz FindZebra Enlitic [8]

3.3 Accessing Testing

In US, going to states that allow direct patient testing

3.4 Access to Procedures

online lab test services walkin lab personallabs

3.5 Access to Treatment

dallas buyers club, historical examples foreign online pharmacies kevin carson anecdote phoenix rising threads medical marijuana

4 Future of Agorism Applied to Healthcare

- 4.1 Sharing Economy Breakthroughs Applied to Healthcare
- 4.2 Machine Learning to Phase Out Doctors For Diagnosis
- 4.3 Homebrew Medical Devices Increasing Prevalence

[9]

[10]https://openaps.org/outcomes/ OpenAPS [11] [12] [13] [14]

References

- [1] S. E. Konkin III, W. Conger, and C. Seely, New Libertarian Manifesto. Grey Market Pub., 2006.
- [2] S. E. Konkin III, "The last, whole introduction to agorism," The Agorist Quaterly, vol. 1, no. 1, pp. 3–10, 1995.
- [3] S. E. Konkin III, An Agorist Primer. KoPubCo, 2008.
- [4] H. Singh, A. N. Meyer, and E. J. Thomas, "The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving us adult populations," *BMJ quality & safety*, pp. bmjqs–2013, 2014.
- [5] World Economic Forum, "Health systems leapfrogging in emerging economies project paper," 2014.
- [6] T. Ferguson et al., "e-patients: how they can help us heal healthcare," Patient Advocacy for Health Care Quality: Strategies for Achieving Patient-Centered Care, 2007.
- [7] K. Carson, The Desktop Regulatory State: The Countervailing Power of Individuals and Networks. Center for a Stateless Society, 2016.
- [8] T. Scholz, "Platform cooperativism-challenging the corporate sharing economy," Rosa Luxemburg Foundation, 2016.
- [9] K. A. Carson, The homebrew industrial revolution: a low-overhead manifesto. Booksurge, 2010.
- [10] C. Lausted, T. Dahl, C. Warren, K. King, K. Smith, M. Johnson, R. Saleem, J. Aitchison, L. Hood, and S. R. Lasky, "Posam: a fast, flexible, open-source, inkjet oligonucleotide synthesizer and microarrayer," *Genome biology*, vol. 5, no. 8, p. 1, 2004.
- [11] D. Lewis, "Introducing the# openaps project," 2015.
- [12] K. Carson, "Open-source healthcare," 2009.
- [13] K. Carson, "Health care and radical monopoly," in *Markets Not Capitalism: Individualist Anarchism Against Bosses, Inequality, Corporate Power, and Structural Poverty* (G. Chartier and C. W. Johnson, eds.), ch. 7, pp. 369–375, New York: Minor Compositions, 2011.
- [14] K. Carson, "The healthcare crisis-a crisis of artificial scarcity," Center for a Stateless Society, 2010.