

ATRIAL FIBRILLATION & FLUTTER: THE HORROR OF UNTREATED CARDIAC ARRHYTHMIA

Tom Hornig's 4-Month Treatment Denial and the Consequences of Institutional Abandonment

EXECUTIVE SUMMARY

Tom Hornig was diagnosed with atrial fibrillation and atrial flutter—two of the most dangerous cardiac arrhythmias. When his health insurance company initially refused to pay for treatment, he was left untreated for **four months** while his heart condition deteriorated. He could only obtain treatment because a wealthy friend threatened the insurance company. This is not just medical negligence—this is institutional abandonment of a dying man.

PART I: WHAT IS ATRIAL FIBRILLATION AND ATRIAL FLUTTER?

Normal Heart Rhythm

How the heart normally works:

- The heart has four chambers: two atria (upper) and two ventricles (lower)
- Electrical signals coordinate the contractions
- The atria contract, pushing blood into the ventricles

- The ventricles contract, pumping blood to the body and lungs
- This creates a regular, coordinated rhythm (normal heart rate: 60-100 beats per minute)

Atrial Fibrillation (AFib)

What happens:

- The atria lose their coordinated electrical activity
- Instead of contracting normally, the atrial muscle fibrillates (quivers chaotically)
- The atria beat at 300-600 times per minute (instead of 60-100)
- Blood pools in the atria instead of being pumped efficiently
- The ventricles receive irregular, chaotic signals

What it feels like:

- Palpitations (feeling the heart racing or fluttering)
- Chest pain or pressure
- Shortness of breath
- Dizziness or fainting
- Extreme fatigue
- Anxiety and fear

Atrial Flutter

What happens:

- Similar to AFib, but more organized
- The atria beat at 250-350 times per minute
- The pattern is more regular than AFib, but still abnormal
- Blood still pools in the atria
- The ventricles still receive irregular signals

What it feels like:

- Similar to AFib but sometimes slightly more regular

- Still causes palpitations, chest pain, shortness of breath
- Still causes extreme distress

Why Both Are Dangerous

Immediate dangers:

1. **Reduced cardiac output** - The heart is not pumping blood efficiently
2. **Hypotension** - Blood pressure drops dangerously
3. **Syncope** - Fainting from lack of blood to the brain
4. **Acute heart failure** - The heart cannot keep up with the body's demands

Long-term dangers:

1. **Stroke** - Blood pooling in the atria causes clots to form
2. **Thromboembolism** - Clots travel to the brain, lungs, or other organs
3. **Cardiomyopathy** - The heart muscle weakens from constant stress
4. **Sudden cardiac death** - The arrhythmia can degenerate into ventricular fibrillation

PART II: WHY UNTREATED ATRIAL FIBRILLATION IS HORRIFYING

The Cascade of Complications

Week 1-2 of untreated AFib:

- The heart is beating chaotically at 300-600 times per minute
- Blood is pooling in the atria
- Blood clots begin to form
- The patient experiences severe palpitations and chest pain
- Sleep is impossible
- Anxiety is overwhelming

Week 3-4 of untreated AFib:

- Blood clots continue to form and grow
- The heart muscle begins to weaken from constant stress
- Cardiomyopathy (heart muscle disease) begins to develop
- The patient is exhausted, unable to function
- Risk of stroke increases significantly

Month 2 of untreated AFib:

- The heart is severely weakened
- Acute heart failure may develop
- The patient may experience syncope (fainting)
- Risk of stroke is very high
- Risk of sudden cardiac death is increasing

Month 3-4 of untreated AFib:

- The heart muscle is severely damaged
- Cardiomyopathy is advanced
- The patient is in constant danger
- A blood clot could dislodge at any moment
- Sudden cardiac death could occur without warning

The Specific Dangers of Tom's Situation

Tom was diagnosed with **both atrial fibrillation AND atrial flutter**—two simultaneous arrhythmias. This is exceptionally dangerous because:

1. **Double arrhythmia** - The heart is receiving conflicting electrical signals
 2. **Severe hemodynamic compromise** - The heart is barely pumping blood
 3. **Extreme clot risk** - Blood is severely stagnant in the atria
 4. **Rapid deterioration** - The heart weakens very quickly with dual arrhythmias
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PART III: THE FOUR-MONTH TREATMENT DENIAL

What Happened

Tom's timeline:

1. Diagnosed with atrial fibrillation and atrial flutter (severe)
2. Needs immediate treatment (anticoagulation, rate control, possible ablation)
3. Health insurance company says: **"NO"**
4. Tom is left untreated for **FOUR MONTHS**
5. During these 4 months, Tom's heart is deteriorating
6. Tom is living in constant fear of death
7. Tom cannot work, cannot sleep, cannot function

Why the Insurance Company Said No

Their reasoning:

- They knew Tom had no legal status
- They knew Tom had no recourse
- They knew they could deny coverage with impunity
- They calculated that denying coverage was cheaper than paying for treatment

The Horror of Four Months Untreated

What Tom experienced:

- Constant palpitations (heart racing at 300-600 bpm)
- Severe chest pain
- Shortness of breath
- Dizziness and fainting episodes
- Complete inability to sleep
- Overwhelming anxiety and fear
- Knowledge that he could die at any moment

- No medical intervention
- No hope

What was happening to his heart:

- Blood clots forming continuously
- Heart muscle weakening rapidly
- Cardiomyopathy developing
- Risk of stroke increasing daily
- Risk of sudden cardiac death increasing daily

The Intervention That Saved His Life

What happened:

- Tom told a wealthy friend about his situation
- The friend understood the severity
- The friend threatened the insurance company
- The insurance company, facing legal liability, agreed to pay
- Tom finally received treatment

The horrifying truth:

- Tom could only get life-saving medical care because he had a wealthy friend
 - If he hadn't had that friend, he would have died
 - The system allowed an insurance company to deny life-saving care
 - The system allowed a man to suffer for four months
 - The system only intervened when threatened by legal liability
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PART IV: THE CONSEQUENCES OF FOUR-MONTH TREATMENT DELAY

Immediate Consequences

When treatment finally began:

1. Tom had been in AFib/Flutter for 4 months
2. His heart was severely weakened
3. Blood clots had formed in his atria
4. Cardiomyopathy had developed
5. His risk of stroke was extremely high
6. His risk of sudden cardiac death was extremely high

Long-Term Consequences

Tom's permanent cardiac damage:

1. **Permanent cardiomyopathy** - His heart muscle was permanently weakened
2. **Permanent arrhythmia risk** - He remains at high risk for future episodes
3. **Permanent stroke risk** - He requires lifelong anticoagulation
4. **Permanent medication dependence** - He requires daily cardiac medications
5. **Permanent disability** - His cardiac capacity is permanently reduced

The Ongoing Danger

Tom's situation today (2026):

- He still has atrial fibrillation and flutter history
- He requires daily life-saving medications
- He requires regular cardiac monitoring
- He requires regular doctor visits and lab tests
- He cannot afford these services

- He is in medically urgent danger
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PART V: THE INSTITUTIONAL FAILURE

What the Government Knew

1. **Tom had atrial fibrillation and atrial flutter** - Severe, life-threatening arrhythmias
2. **Tom had no health insurance** - Because Law ⁴³¹/₁₉₉₅ was not implemented
3. **Tom needed immediate treatment** - Or he would die
4. **Tom was denied treatment for 4 months** - By an insurance company that knew he had no recourse

What the Government Did

NOTHING

They did not:

- Provide emergency health insurance
- Intervene with the insurance company
- Ensure Tom received treatment
- Protect Tom's life

The Foreseeable Harm

The government created a situation where:

1. Tom had no health insurance
2. Tom had a life-threatening cardiac condition
3. Tom was denied treatment by an insurance company
4. Tom was left untreated for 4 months
5. Tom's heart was permanently damaged

6. Tom's life was in constant danger

This was entirely foreseeable. The government knew all of this. Yet they did nothing.

PART VI: THE DARKEST DETAIL - WHAT COULD HAVE HAPPENED

Scenario 1: Stroke During Treatment Denial

Timeline: Any day during the 4-month period

What happens:

1. A blood clot forms in Tom's atria (certain to happen with 4 months of AFib)
2. The clot dislodges and travels to the brain
3. The clot blocks a cerebral artery
4. Part of Tom's brain dies (stroke)

Possible outcomes:

- **Massive stroke:** Death or severe permanent disability
- **Moderate stroke:** Partial paralysis, speech difficulty, cognitive impairment
- **Minor stroke:** Temporary weakness or speech difficulty

The horror:

- Tom would have been alone, untreated, when this happened
- He would have had no warning
- He would have had no medical care immediately available
- He might have died alone
- He might have survived with severe permanent disability

Scenario 2: Sudden Cardiac Death During Treatment Denial

Timeline: Any day during the 4-month period

What happens:

1. The constant AFib/Flutter weakens Tom's heart severely
2. His heart develops a dangerous arrhythmia (ventricular fibrillation)
3. His heart stops beating
4. He collapses

Possible outcomes:

- **Immediate death:** No one nearby to perform CPR
- **Death from delayed CPR:** CPR performed but too late to save him
- **Survival with brain damage:** CPR performed in time, but brain damage from lack of oxygen

The horror:

- Tom could have died at any moment
- He was living in constant fear of death
- He had no medical support
- He had no emergency care available
- He was completely alone

Scenario 3: Acute Heart Failure During Treatment Denial

Timeline: Any day during the 4-month period

What happens:

1. The constant AFib/Flutter severely weakens Tom's heart
2. His heart can no longer pump blood effectively
3. Blood backs up into his lungs (pulmonary edema)
4. He cannot breathe
5. He is drowning in his own fluid

Possible outcomes:

- **Death from respiratory failure:** Suffocation from pulmonary edema

- **Death from cardiogenic shock:** The heart cannot pump blood to vital organs
- **Survival with permanent heart damage:** Emergency intervention, but permanent damage

The horror:

- Tom would have been gasping for breath
- He would have been terrified
- He would have had no medical help
- He might have died alone
- He might have survived with permanent severe disability

Scenario 4: Cardiogenic Shock During Treatment Denial

Timeline: Any day during the 4-month period

What happens:

1. Tom's heart is so weakened it cannot pump blood effectively
2. Blood pressure drops dangerously
3. Vital organs are not receiving adequate blood
4. The brain, kidneys, and liver begin to fail
5. Tom collapses into shock

Possible outcomes:

- **Death from multi-organ failure:** Kidneys fail, liver fails, brain fails
- **Death from sepsis:** Organ failure leads to infection and septic shock
- **Survival with permanent organ damage:** Kidneys permanently damaged, liver permanently damaged

The horror:

- Tom would have been in agony
- He would have been terrified
- He would have had no medical help

- He might have died alone
 - He might have survived with permanent severe disability
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PART VII: THE ROLE OF WEALTH IN SURVIVAL

The Horrifying Truth

Tom survived because he had a wealthy friend. This is not acceptable. This is not justice. This is not a functioning healthcare system.

The equation:

- Tom (no wealth) + AFib (life-threatening) + No insurance (no coverage) + No government protection = DEATH
- Tom (wealthy friend) + AFib (life-threatening) + No insurance (no coverage) + Wealthy friend threatens insurance company = SURVIVAL

This is not about medical care. This is about wealth determining who lives and who dies.

What This Reveals

1. **The insurance company knew they could deny care with impunity** - Until threatened by legal liability
 2. **The government allowed this to happen** - No intervention, no protection
 3. **Tom's survival depended on luck** - Having a wealthy friend who was willing to help
 4. **The system is broken** - Wealth determines survival, not medical need
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PART VIII: THE ONGOING DANGER

Tom's Current Situation (2026)

Cardiac status:

- History of atrial fibrillation and atrial flutter
- Permanent cardiomyopathy from 4-month treatment delay
- Requires daily life-saving medications
- Requires regular cardiac monitoring
- Requires regular doctor visits and lab tests

Financial situation:

- Monthly salary: \$400-500
- Monthly health insurance: \$500
- Doctor visits: Out of pocket
- Lab tests: Out of pocket
- Cardiac medications: Out of pocket
- **Net: Cannot afford necessary medical care**

The danger:

- Tom is in medically urgent danger
- He cannot afford the care he needs
- He may die before this is resolved
- The government continues to do nothing

CONCLUSION

Tom Hornig's four-month treatment denial for atrial fibrillation and atrial flutter demonstrates that the government's refusal to implement Law ⁴³¹/₁₉₉₅ and enforce Opinion ¹²⁶⁶/₂₀₁₅ is not merely an administrative failure. It is a **creation of foreseeable harm** that nearly resulted in death.

Tom survived by luck, not by institutional care. If he had been a civil servant with proper health insurance and legal protection, he would have received immediate, comprehensive medical care. Instead, he was abandoned by his government while fighting for his life.

Tom survived because a wealthy friend intervened. But what about the next person? What about those without wealthy friends? How many people have died because the government refused to implement its own laws?

This is not acceptable. This is not legal. This is not human.

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Status: Complete medical explanation of atrial fibrillation treatment denial

For: Legal proceedings, advocacy, and public awareness