

The Medical Profession Implodes

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In “normal” times, the practice of medicine has many challenges, some from within and some from outside the profession. If you let it, much of your daily practice follows specialty guidelines, insurance company criteria, hospital formularies, and other annoyances. None of those entities have any liability when it comes to our patients. For the most part, liability lies with the treating physician.

Each specialty plays a particular role in a patient’s care and specialists often view issues from different angles while wearing their tunnel-vision glasses. For instance, some physicians view elevated cholesterol as an indicator to assess other potential underlying medical issues, while a cardiologist will just write a prescription for a statin drug, just as a cat reflexively chases a mouse.

What changed overnight and across the board, was an anti-science attitude across all specialties to everything related to COVID. A viral infection is not something requiring government management, rather, its encounter is part of a physician’s daily medical practice. The government has seemingly accomplished what medical insurers, medical boards, and hospitals tried, but had not yet succeeded at: complete mind control of physicians. And with that, the last vestige of respect I had for my profession died.

I’m often in attendance at medical meetings where the fine points of immunotherapy and monoclonal antibodies are discussed as part of the treatment for cancer patients. For physicians, it is their version of science in regard to a drug’s indications, mechanisms of action, dosing, management of side effects, and the studies justifying one drug or combination over another, the latter often supported by questionable statistical analysis.

After the science-lite discussion ends, the personal chitchat begins regarding COVID and

vaccines, and the point is reached where any remaining rationality becomes akin to that heard among nursery school attendees.

The tone becomes one of acceptance of the government line, all medical knowledge and cognitive abilities having vaporized. There is no talk about the fine points of the various PCR tests, the science of personal isolation or masking, the appropriate use of indoor ventilation systems and their management, the changing of standard and long-extant medical definitions, the introduction of gene therapy used as vaccines.

Expecting any discussion regarding electron microscopy's effect on clinical medicine, techniques of viral isolation and culturing, or the number of Nobel Prize-winning ideas now scientifically abused is not within anyone's ken. Instead, the conversation becomes who got their booster, when they are next due, how they interact, or not, with those around them so as to stay safe, how they worry about their child being exposed, and much other utterly time and life-sucking conversational trivia.

Apparently, most physicians have not bothered to review yearly influenza data, the time frame for vaccine development, refresh their memory on definitions such as vaccine, vaccination, and immunization, or their cell biology regarding DNA, RNA, mRNA and reverse transcriptase. Nor had they read up on symptoms commonly associated with influenza-like illness, vaccination effectiveness for influenza, or potential issues while 'vaccinating' during active mutation of infectious diseases.

These concepts should be easily grasped by those managing cancer patients. But when it comes to COVID and vaccination, they are inverted, viewed backward or inside out, bearing no resemblance to any known medical principles or care. All things COVID have become the medical exception, and have remained so for nearly two years.

Regarding the lapse of critical thinking skills, here are some examples that should have given physicians pause in digesting the propaganda diet they were fed. If I can easily spread COVID to someone by breathing on them, why is there the need to swab the deep recesses of the nose? Why is the PCR test's methodology omitted from reports sent to physicians? When were masks ever recommended except for those with a known contagious disease such as active tuberculosis, or those with transient low white blood cell counts? When has gene therapy ever been used other than in incurable diseases?

Viral illness prevention is another topic that instigates a deer-in-the-headlights look. Vitamin D is essential for many body functions including the immune system, while obesity sets one up for many medical problems and old age signals that your remaining days are limited. Nearly all those supposedly severely ill or dead from COVID were afflicted with most if not all of these factors. Though you cannot change your age, you can change your vitamin D intake, lose weight, stop smoking, etc. Going off-script regarding prevention other than vaccination or monoclonal antibodies for treatment is considered unscientific.

From the time that our government issued a pandemic alert to the rollout of the vaccines, where was the inquisitiveness of physicians? If I, certainly not first in my medical school class, could figure out that these directly applied to the issues at hand, certainly those ahead of me in my class should have.

Wisdom is a combination of knowledge, experience, and judgment. Knowledge can be imparted, experience gained, but judgment is an inherent quality, not acquired through

instruction. You either possess good judgment or you don't. For some reason, many physicians are not well equipped when it comes to that leg of the stool.

Or is the seeming lack of judgment purposeful? Certainly, the increasing number of physicians who are employed by others, most notably hospitals, plays a role. Remember: "He who pays the piper calls the tune." Do you think physicians are immune to that adage? Physicians are just like everyone else, except they spent their relative youth in an expensive trade school.

It is not an uncommon occurrence for patients, family, and friends to tell me that no matter what the issue they present with to a physician, the first question asked is "Have you had the COVID vaccine?" or "Have you had your booster?" Any answer in the negative is often followed by a harangue about its necessity.

The dilemma for physicians' seeming lack of judgment does not lie in the future since the future is now, represented by VAERS (Vaccine Adverse Event Reporting System). Significant adverse events and deaths due to the vaccine are getting harder to hide, or hide from.

Although stated in regard to the Vietnam War, this entire situation reminds me of a quote by John Kerry that I will modify for the circumstances we find ourselves in today; "How do you ask a man to be the last man to die from the COVID vaccine? How do you ask a man to be the last man to die for a mistake?"

All things COVID will eventually pass. Few things last forever. But at some point, physicians may pay a price for their poor judgment in suspending critical thinking. The question is, who will judge them?

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