COVID and the Death of the Independent American Physician

written by Tim Jennings, M.D. | August 19, 2021

I love being a doctor. I love helping people. I love being a medical detective—having someone present with a problem and, through the careful assessment of facts, history, studies, and evidence, uncovering the root cause and intervening with treatments that restore them to wellness. It is powerful and rewarding to see people restored to health, living vibrantly and fully again.

I love the professional relationships, the intellectual discourse and comradery. I love having my mind expanded through the discoveries, insights, and experiences of other medical professionals.

I have also loved being part of a profession that has held high standards of ethics, such as the Hippocratic Oath that, among other things, has physicians commit to serve the welfare of humanity; practice with conscientiousness and dignity; put the health of patients first; maintain confidentiality; and treat all equally regardless of race, religion, political party, and nationality.

Physicians are also taught the ethical principle of *Primum non nocere,* which is Latin and means "first, do no harm." It is the principle of non-maleficence; it means that our interventions should not inflict injury, harm, or worsen the outcome. It often means that it is better to do nothing than to act in ways that add injury, cause harm, or worsen the condition. It is the principle of weighing the potential risk

against the potential benefit. It is the principle that the cure must not be worse than the disease.

Holding to these high principles has resulted in doctors around the world experiencing one of the highest levels of public trust. This is in sharp contrast to the trust afforded to politicians. A 2018 Gallop poll found doctors were the second most trusted profession (67 percent found doctors trustworthy), only behind nurses (84 percent), whereas politicians ranked at the bottom with only 8 percent finding them trustworthy.

However, I now have grave concerns that multiple changes in medicine have resulted in doctors becoming less capable of fulfilling their ethical oaths and, thereby, whether intentionally or ignorantly, colluding with actions that harm their patients.

Omens

I first became concerned about this when one of my staff told me that her healthy three-year-old son's pediatrician recommended that her child get the COVID vaccine as soon as the CDC approves it for his age. When she asked the pediatrician why, the doctor told her because she trusts the CDC guidelines.

I was shocked by this type of medical decision-making and have noticed other doctors expressing a similar pattern of replacing evidenced-based thinking with opinion-based thinking; that is, relying on some expert opinion, agency recommendations, consensus guidelines, association protocols, or employer restrictions to guide their care rather than the medical evidence and their own clinical decision-making.

What is worse is that some medical media outlets have actually begun calling opinion "science," and those who pursue actual evidence that is reproducible and testable are being called "science deniers," but I will come to that later.

How has my profession come to this sad state? How could good-hearted physicians get pulled away from evidence-based medicine and into propaganda-driven, opinion-oriented approaches? I have discovered several factors working together.

Factor 1: Loss of Physician Autonomy

In 1988, almost three out of four (72.1%) physicians practiced independently, owning their own practice, but according to an American Medical Association survey, by 2018, the number of employed physicians (47.4%) exceeded the number of independent doctors (45.9%).

This change in employment has led to what I call the *corporation of medicine*; this occurs when a doctor's judgment and decision-making is restricted, influenced, ruled, governed, and directed by corporate rules, guidelines, policies, workloads, treatment protocols, standards, and incentives.

Factor 2: Third-Party Payers

Corporate restrictions on physician autonomy are compounded by third-party payer networks, which utilize formulary limitations, restrictions on covered treatments, prior-authorization requirements, peer-

to-peer review of clinical practice (not to review questions of clinical efficacy or medical competency, but to review what the insurance company decides is reimbursable), financial incentives, and requirements to maintain in-network status.

All of this encroaches upon professional judgment and competes with clinical decision-making. The physician is no longer just deciding what is clinically best for their patient, but must now factor in what the insurance will allow, how much time must be spent with third-party reviewers to get the care approved, if at all—is that time well spent when a backlog of other patients are waiting, will network access be threatened if decisions don't comply with network preferences? Over time, the physician stops considering treatment options that won't be approved; creative and investigative thinking is ultimately compromised.

Factor 3: Professional Societies, Continuing Education, and the Certification Industry

Further infringement on independent decision-making comes from the professional societies, specialty boards, and the continuing medical education industry. Seeking to improve the quality of care, various professional societies have created treatment guidelines, protocols, and algorithms for various conditions. These various protocols have moved beyond educational to structural, to standards of care, and to measures of competency, all of which has resulted in clinical decision-making often being nothing more than plugging the patient into a cookie-cutter consensus protocol or algorithm. Failure to follow the protocol and a physician becomes an outlier, no longer conforming to the "standard of care" and vulnerable to liability, potential censure from hospital corporations, loss of medical privileges, with potential impact on board certification, licensure status, and loss of network status. In other words: Don't think outside the box, keep your head down, accept that others know best.

Others have recognized the fallacy of the board-certification industry. A recent article entitled Medicine's "Big Lie" states:

> The sacred secret is that board certification makes no difference. There is no substantial evidence in any branch of medicine that doctors who are board-certified are better. There is no evidence that board-certified doctors get their patients healthier with more frequency, faster, less expensively, or with fewer medical errors than other doctors. The reality is that board certification is a sham. It's a certificate granted after taking a very expensive test, and it is now part of an industry that is misleading the public and harming the trust the medical profession had once earned. Board certification is the equivalent of a diploma mill or an online certificate in any other field.

Yet the certification industry dominates the continuing medical education industry, thereby influencing clinical practice and decision-making.

The benefits of medical guidelines and protocols are reducing obvious oversights, preventing clear-cut mistakes, and prioritizing decision-making to elevate the treatments with the best evidence of success and least risk of harm and move down the options with less evidence of benefit or greater risk of harm.

The problem, however, with protocols is that they can result in thoughtless medical practice; the art of

medical decision-making, critical reasoning, and discernment can atrophy. Instead of a physician examining a patient and considering what are the multitude of variables contributing to the presentation, seeking an accurate diagnosis, and then determining what interventions are most likely to bring healing, a new methodology has become commonplace—checklist diagnosis and protocol-based treatment.

Thus, physicians are conditioned to accept—through the policies, protocols, algorithms, guidelines, and peer pressure—that some other medical authority knows better and it would be bad medical practice to examine the evidence for themselves and go against the consensus.

Let me be clear, most of the time, such protocols are likely to be the best course; however, there will always be exceptions. And as physicians become more conditioned to accept protocol-based medical practice, they become less practiced at critical reasoning and autonomous decision-making. They become more willing to accept the voice of medical authority. And when the CDC comes out with guidelines, or their medical specialty comes out with recommendations, protocols, algorithms, too many physicians accept those positions as science, as evidence, as truth, and they don't question or investigate it.

Then, COVID comes along and a new variable compounds the ability to examine the evidence:

Factor 4: Strong Emotions—Driven by Personal Experiences, Over-empathy, and Fear

The doctors I have spoken to who eagerly accept the CDC guidelines on COVID, or other expert opinions, are quick to speak of the people they know, family or patients, who they have seen suffer and die from COVID. They speak of the burden to the healthcare system, the crowded ICUs, the overworked staff, and their good and compassionate hearts ache at the suffering and loss; then they experience significant fear of being overwhelmed, feel helpless as individuals and practitioners, and envision more suffering and death. So they look for something to believe in, a trusted source, a direction to go, something to do that will help—and along comes expert opinion masquerading as science, and doctor after doctor dutifully surrenders their minds, accepts the governmental narrative, and promotes the pseudoscience of policy over actual hard evidence—thereby failing to honor their ethical oaths to first do no harm. Why? Because they have forgotten how to think, how to do real science, how to examine the evidence, and have accepted some agency or so-called expert as the voice of "science."

Recently, I read an article in *Psychiatric News*, entitled *Anti-Vaxxers and Water Witches: Mistrust of Science and the Limits of Reason*. The article stated the following about those who don't want the vaccine:

> The common thread in these personal vignettes is, of course, a deep-seated denial of science and a mistrust of scientific *experts*—a word that is nowadays pronounced with a kind of dismissive hiss. Indeed, experts in epidemiology and infectious disease, such as Anthony Fauci, MD, are not merely doubted by a substantial proportion of the public—they are threatened with bodily harm for advocating vaccination against COVID-19. **It is easy to explain away such science denial** as the result of mistaken information and biased reasoning …

Not surprisingly, when minds have been conditioned to follow protocols, to accept corporate rules, to comply with algorithms, to trust consensus statements, then anyone who doesn't accept the opinion of Dr. Fauci is labeled as a science-denier.

And the medical professionals, rather than following the science, become part of the propaganda machine promoting opinion as science. The recent article "As COVID resurges, vaccinated Americans rage against holdouts" demonstrates this. The article opens with:

> The rising anger among vaccinated Americans comes as health officials are reporting huge spikes in new cases, hospitalizations, and deaths. Meanwhile, only about half of all Americans fully vaccinated [sic], according to the Centers for Disease Control and Prevention.

The article goes on to cite President Biden's vaccine mandate for federal workers, then various other politicians calling for mandates, and how various hospitals and businesses are requiring it.

Then the article says:

> Experts say the 90 million unvaccinated Americans are most at risk from COVID and have helped the new Delta variant gain a foothold and spread, posing a risk of "breakthrough" cases even in vaccinated people.

Yet, this is likely just the opposite of what is happening; it is much more consistent with medical science that the vaccinated are driving the rise of the Delta variant, whereas the unvaccinated recovered are not.

Learning from History

Let's examine something with which we all have much more familiarity: the seasonal flu, influenza. For as long as any of us can remember, there has been an annual flu vaccine—why? Why a new flu vaccine every year? Because the flu virus mutates, and the previous vaccine is ineffective against the new strain. Such viral mutation is normal and expected.

As viruses replicate, various errors in replication occur, which cause new strains to emerge. When the mutation alters the antibody binding cites, the new strain is "resistant" and the previous years' vaccines are ineffective.

The COVID vaccine causes the body to produce antibodies to the spike protein—a single site on the virus, whereas the unvaccinated recovered have much broader immunity with antibodies to multiple sites on the virus, which have been demonstrated to be effective against *all* variants.

According to JAMA Network, in an article entitled "Überantibodies From Recovered COVID-19 Patients Could Spur New Therapeutics and Vaccines," recovered individuals had developed multiple different antibodies to COVID-19 and "two of the antibodies were 'ultrapotent' at tiny concentrations across all 23 of the variants the scientists tested, including the highly transmissible B.1.1.7 (alpha), B.1.351

(beta), and B.1.617.2 (delta) versions." And other studies document that the recovered individual maintains long-term immunity.

The vaccines, however, target the spike protein and nothing else, causing selective pressure, leading to the rise of variants including the Delta variant—resulting in the current vaccine being less effective. Yet, instead of acknowledging this, the medical "experts" are blaming the unvaccinated.

What would you say if during the next influenza season we promoted the flu vaccine from four years ago? Yet that is what is happening with COVID right now when experts continue to promote an original vaccine for a mutated virus.

A small, fairly closed society, the island of Gibraltar has around 35,000 people and has administered enough vaccine doses to vaccinate 116 percent of their population—meaning more than every person getting two doses of the vaccine. And despite no unvaccinated in their society, they had an outbreak of new infections in July 2021.

Investigative reporter Alex Berenson, in his article, "Gaslighting, a Covid love story: If at first you don't succeed, lie about what you promised," exposes that:

> "In Israel, 60 percent of the entire population and 80 percent of adults are fully vaccinated. In Britain, almost 90 percent of adults have received at least one dose and 76 percent have received both.
>
> Yet positive tests and serious hospitalizations in Israel have risen 20-fold since early July. Hospitalized patients and patients on ventilators in Britain have risen sevenfold since early June and are far higher than this time last year."

Why is this happening? Because the vaccines provide limited immunity, not the robust broad immunity of the unvaccinated recovered.

A study of Cleveland Clinic employees found that "not one of the 1359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study."

Renowned immunologist Hooman Noorchashm MD, PhD, in an open letter to the Pennsbury School Board in Pennsylvania, after documenting the robust immunity of the COVID-recovered, warns:

> "It is critical for the Pennsbury School Board to understand that mandating vaccination of the already immune and COVID-recovered members of the community would be a terrible judgement error, because it violates the principle of "Medical Necessity".
>
> At the core of adhering to ethical concept of "Medical Necessity" is the goal of promoting safe medical practices and policies. Because whenever anything medically unnecessary is done to a person, that person is only absorbing the risk with little to no added benefit.
>
> In addition to this important principle, as an immunologist, I am writing to inform you that indiscriminate vaccination of recently COVID-convalescent members of your community is a potential hazard to their safety…

> Therefore, I am writing to respectfully warn the board that members of the Pennsbury school district who are COVID-recovered or demonstrate evidence of antibody immunity to SARS-CoV-2 are placed at risk of harm from mandated vaccination."

But rather than follow actual science, doctors and professional organizations write articles that violate the basic medical ethics of our profession. After falsely blaming the unvaccinated for the rise of the Delta variant, the article "As COVID resurges, vaccinated Americans rage against holdouts" advocates for coercion to get the unvaccinated to take an experimental injection with no long-term safety data. It reads:

> "In the interest of public safety, I believe the government and private businesses need to [make] life difficult for the unvaccinated. … They should not be allowed to dine at restaurants, ride public transportation, attend concerts, or broadly be in spaces with large concentrations of people without passing a COVID test at the door.

This lack of critical reasoning, this willingness to accept medical opinion as science, is corrupting medicine and leading physicians, professional societies, and publications to promote misinformation, ultimately harming people.

Even if doctors didn't know the science for themselves, if they simple adhered to the standards of medical ethics, they would be protected from injuring their patients. But they haven't. After WWII and the medical experimentation done on the Jews by the Nazis, the world community drafted a set of guidelines that all civilized countries agreed to abide by when it comes to medical experimentation. Yet, with COVID, these humanitarian guidelines have been violated at almost every point. The code specifically states that participation should be voluntary and "should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion." Yet the article cited above explicitly advocates that coercion and duress be used.

Oh, how the medical profession has fallen.

One of the most common unproven beliefs within the medical community is that the COVID-19 experimental vaccines are safe. But there is no long-term safety data upon which to make this claim. This position is based on expert opinion and limited short-term data. Yet over 12,000 deaths have been reported in VAERS and attributed to the COVID vaccine. Are those deaths artifact, are they unrelated, or are they caused by the vaccines?

In normal medical practice, when multiple deaths occur shortly after a treatment is administered, there is an investigation—autopsies are done to determine cause of death. Why hasn't the government done this? With all the billions of dollars being spent on COVID, why no autopsies on those reported to have died from the vaccines? Is it because the government already knows the answer and doesn't want to confirm it with autopsies?

Pathologist Ryan Cole, M.D., has done several autopsies on people who died after being vaccinated. He has the tissue samples that documents the spike proteins from the injections are found bound to mitochondria in cells across the body, lungs, brain, heart, and other tissues causing inflammation and

leading to death. Is this just artifact in the few individuals he autopsied, or is it something that is actually occurring in larger groups? What is the ethical and moral approach? Why is the government not pursuing this?

In an article entitled "SARS-CoV-2 spike protein interactions with amyloidogenic proteins: Potential clues to neurodegeneration," researchers document that COVID-19 spike proteins have been demonstrated to bind to heparin-binding proteins, which in the brain increases the accumulation of beta-amyloid proteins (risk factor of Alzheimer's disease), Tau proteins (risk factor of Alzheimer's disease), alpha-synuclein (risk factor of Parkinson's and Lewy Body disease), prions (risk factor of spongiform disease).

Will the experimental vaccines that cause the body to make the spike protein cause this? Only time will tell, but Dr. Cole's tissue samples referenced earlier document the spike protein in the brains of the vaccinated and suggests this may very well be true; moreover, animal studies found that after injecting the spike proteins, they rapidly crossed the blood-brain barrier and bound to the animal's brain cells.

It will take several years before such brain changes manifest sufficiently to cause neurodegenerative diseases, but should our standard of ethics require us to inform people of this possibility before injecting them? And what of children, adolescents, and young adults who have essentially zero chance of dying from COVID—why compel them to take this with no long-term safety data?

Surely someone will cite the article published by the prestigious *New England Journal of Medicine* August 11, 2021 entitled, "Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents" and claim this is solid science and proof the vaccines are safe to use in adolescents. Yet the article, immediately after concluding "The mRNA-1273 vaccine had an acceptable safety profile in adolescents" discloses: "Funded by Moderna and the Biomedical Advanced Research and Development Authority…" Really? Does anyone remember the so-called scientific articles denying a link between tobacco use and cancer funded by the tobacco industry?

But even if this conclusion is accurate, it only refers to short-term safety, no long-term safety data exists. And if we are concerned with first doing no harm, why would we recommend an experimental treatment with no long-term safety data, that has multiple scientific reasons to be concerned about long term safety, to a population with zero risk of death from COVID? Simply put, because we cannot know the long-term safety, there is no clinical justification for using the vaccine in this population. Where has critical reasoning gone?

Instead of writing propaganda pieces, why aren't our professional journals informing medical practitioners about evidenced-based, peer-reviewed, and published treatment protocols for COVID that reduce hospitalization and mortality by up to 84 percent?

- COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study.
- **Association of American Physician and Surgeons Guide to Homebased COVID treatment**
- Fluvoxamine vs Placebo and Clinical Deterioration in Outpatients With Symptomatic COVID-19: A Randomized Clinical Trial
- Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines

Why are our professional publications continuing to push an experimental injection, with no long-term

safety data, on individuals with essentially no risk from the disease (people under 35) while not educating the public on evidenced-based lifestyle actions that markedly reduce both infection and serious negative outcomes, such as:

- Plant based and pescatarian diets reduce moderate to severe COVID outcomes by 73%
- Vitamin D deficiency increases the likelihood of acquiring COVID-19 infection by 80%
- Oxytocin is produced when we socialize, connect, touch, hug, and hold hands with family and friends. Research shows that oxytocin "carries special functions in immunologic defense, homeostasis and surveillance. It suppresses neutrophil infiltration and inflammatory cytokine release, activates T-lymphocytes, and antagonizes negative effects of angiotensin II and other key pathological events of COVID-19. Additionally, OXT can promote γ-interferon expression to inhibit cathepsin L and increases superoxide dismutase expression to reduce heparin and heparan sulphate fragmentation. Through these mechanisms, OXT can block viral invasion, suppress cytokine storm, reverse lymphocytopenia, and prevent progression to ARDS and multiple organ failures." Yet instead of encouraging activities to increase natural immune defense, the medical experts recommend social isolation, masks, and breakdown of the natural bonds that enhance immunity—not merely for a 7 to 10 day period when infected, but indefinitely.

And in all its wisdom, the government, during various lockdowns, supposedly designed to prevent COVID spread and deaths, identified liquor stores as essential businesses to keep open. Yet medical science documents that alcohol consumption within two hours of ingestion impairs the body's immune response. Where are the medical professionals advocating for avoiding alcohol consumption to improve immune response?

Some final psychological dynamics at play may also explain much of the physician support for the experimental injections: personal participation and virtuous self-image—the belief that they could not have acted in a way that harmed their patients.

- **Personal Participation.** In the mid-1900s, physicians who smoked were the most resistant to accepting the data that cigarettes caused cancer. Likewise, physicians today who have taken the vaccine injections are most resistant to evidence that they may have caused harm to themselves.
- **Virtuous Self-Image.** Also, physicians who prescribed cigarettes to patients to treat lung disease were the most resistant to evidence that their treatments were, in fact, causing or worsening lung disease. No physician today wants to believe that they have acted in a way that injured their patients and, thus, doctors who have believed the expert opinions and have been recommending and administering the experimental vaccines prior to long-term research are psychologically resistant to evidence that suggests they have harmed their patients.

In the end, however, just as doctors once had to face the facts about the harm that tobacco caused their patients, we can never avoid the truth; we can only delay the day we deal with it—and the longer we delay, the more damage we do. The truth will eventually be revealed.

I love being a doctor, but I am afraid we are seeing the death of the independent American physician. Too many pressures, too many restrictions, too many conflicts of interest, too many who are willing to surrender thinking to a so-called expert and too fearful to think for themselves and follow the evidence. I hope it isn't too late; I hope enough physicians with critical-reasoning skills remain and will have the courage to stand up and say no to these pseudoscientific practices and violations of medical ethics. It is time we return to putting the health of our patients first—to first do no harm.

So I am calling for every citizen, physician or layperson, who can still critically reason to join me in calling for the return to historic standards of medical ethics and scientific inquiry which requires:

- An immediate halt to all COVID vaccine *mandates*
- The *prohibition* on any form of coercion upon those refusing the COVID vaccine, including corporate requirements, employment requirements, travel privileges or infringement upon any other liberty a healthy symptom-free citizen is afforded
- Full and complete informed consent before any voluntary COVID vaccines are administered
- Large scale independent autopsies of those reported to have died from COVID vaccines to determine the actual causes of death
- Prohibition on all mask *mandates* for school-aged children
- Prohibition on any form of COVID vaccine passport or ID to be used in any fashion

If you agree with me, that it is time to stand for the principles of historic medical ethics, then please share this blog with others and begin advocating openness, evidence and freedom.

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