COMMON SENSE CONSIDERATIONS

We are Losing the Human Side of Healthcare and it's Killing US

10 thoughtful observations highlighting the disintegration of patient's rights and physician autonomy, loss of trust in the US healthcare system, bureaucratic interference in the doctor-patient relationship, & what we can do to fix it.

We are Losing the Human Side of Healthcare and it's Killing US

by

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Preface:
I believe that healthcare in America is at a pivotal crossroads. We have already seen a dramatic shift from the traditional private practice model to top-heavy hospital-based systems. Now, during the pandemic, there has been a startling disruption of the sacred doctor-patient relationship, which has been the foundation of our healthcare system. Forces are at work which threaten to discredit, de-platform, and even destroy formerly trusted and recently celebrated healthcare professionals, who voice opinions, scientific theories, or treatment methodologies that do not fit the narrative that has been approved by politically-connected, media-applauded healthcare authorities.

In this essay, I address 10 common concerns raised by many physicians and patients during the COVID-19 pandemic. I believe that "following the science" means listening to, reviewing, and questioning ALL the information available about a subject and following it to its natural conclusion, no matter how inconvenient the answers may be. *One cannot simply ignore or dismiss non-settled science or new input data as irrelevant or, even worse, as "disinformation", before investigating it further and seeing where it may lead.*

If, as a family physician, I only trusted the *objective data* I obtained from performing a physical exam and standard medical tests, but gave no credence to the *subjective input* shared by my patients during history taking and review of symptoms, I could miss valuable *contextual information* that might change or narrow my diagnosis. Likewise, since primary care physicians are often the first line of response for our patients, we need to be a receptive listening ear that takes their concerns seriously and, if relevant, disseminates them for consideration by the rest of the healthcare community. *If we fail as a society to value the input of the individual patient or physician as integral to the medical decision-making process, then we will have effectively lost the piece of the healthcare system that gives it its humanity. After all, are we not providing a human service?*

My aim in writing this piece is to provoke rational discussion which may result in the development of practical, dare I say, "common-sense" responses to the concerns I raise. I do not assume my words will revolutionize healthcare, nor do I wish to draw the ire of those with viewpoints contrary to my own. I have no desire to engage in heated debate, but rather to spark civil conversation about certain relevant issues which have been brought to bear during the pandemic. I recognize that freely speaking one's mind in this era of cancel-culture comes with certain risks and it is that very **un-American** fact that I wish to push back against. *My ultimate goal is to help bring our healthcare system back from the brink of becoming something impersonal – **a mechanical data-hungry behemoth** that devours both patients and physicians in its path.*

So that there can be no misunderstanding, I am not writing on behalf of any organization, or out of any specific political or social agenda. That said, I think that it is healthy to make a habit of questioning the status quo, whether it be in the form of allegedly "settled science" or entrenched organizational systems. This requires honest reflection and introspection as well as outward investigation and dialogue. Before someone tries to label me as an "anti-vaxxer", let me state unequivocally that I have always been pro-vaccine and most of my patients are vaccinated. For those who want to marginalize me as a nonconformist physician, practicing on the fringes of medicine, I should note that I work in a mainstream traditional allopathic medical practice where I provide evidence-based healthcare according to FDA and CDC guidelines and follow the recommendations of the United States Presentative Services Task Force (USPSTF).

As a double-board certified physician, I am very much against pseudoscience, the type of disingenuous scientific process that picks a goal outcome and manipulates the data to support its claims. By the same token, I strongly disagree with the idea that anecdotal evidence should be dismissed as irrelevant, when it is exactly such evidence that often spurs deeper research into facts behind the anecdotes. I believe in government oversight through the expressed consent of the governed. I also recognize the need for healthcare regulations and standards of care. However, it has become painfully apparent that *third-party interference* though insurance brokers, federal interventions, and manipulative media practices is artificially interfering in the scientific process and arbitrarily picking winners and losers. The result is mediocre healthcare at best, or at worst, bad healthcare in the form of a centralized **government-subsidized medical-biotechnocracy**.

1. Are we physicians, or "medical providers?"

Do we simply dispense commercial healthcare products and services, or are we providing individualized medical treatment plans for our patients using all the knowledge, skill, and reason we have been blessed to acquire? If your experience has been anything like mine, you have found that ever increasing rules, regulations, and medical mandates continually encroach on the doctor-patient relationship. In many ways, **the healthcare system that employs us has become more demanding than the patients we serve.** We are living in an age of unprecedented information-sharing and scientific breakthrough, but it seems that the more micromanaged our resource allocation systems are, the less personalized the delivery process becomes. I submit that **because of third-party interference, we are losing the "human side" of healthcare, to the detriment of our patients.**

I recently had an elderly, but relatively healthy, patient of mine ask me for a COVID-19 booster vaccine. He was fully vaccinated with Moderna and I explained to him that unfortunately he didn't qualify, since he wasn't immunocompromised. I went on to say that although he may have heard that booster shots would eventually be given to healthy patients, the FDA had not yet approved them and regardless, he was not yet 8 months out since his 2nd COVID shot. The aged quizzical gentleman squinted at me with an incredulous look of disappointment and said, "*You see, the way I look at it, you're my doctor, so you should be able to use your own medical judgement and treat me however you think is best*." I didn't necessarily think he needed a booster, still, I couldn't help but nod in partial agreement with his premise, wondering what had happened to patient's rights and the sacred doctor-patient relationship. I made some weak excuse about working for a federally regulated hospital system that receives government funds and that maybe for old-school docs in private practice, things are different.

I know intellectually that medical science has advanced light-years beyond the days when this elderly patient was in his prime, still I couldn't help but imagine what it was like for his independently practicing doctors who came before me. I have heard the 1940's and 50's referred to as the **"Golden Age of Medicine."** Sure, patients and many of their physicians were woefully naive about the detrimental effects of smoking tobacco and had much shorter life-expectancies due to now curable diseases and cancers, but doctors were generally respected as *independently-minded masters of their fields*. **The healthcare system has gained much since then, but it seems we are losing the essence of what it means to be physicians.**

Don't get me wrong. I still very much enjoy being a hospital-employed physician, working for an exceptional multi-provider clinic, where I have had the privilege to practice primary care and geriatrics, while being given the freedom and support to start an addiction recovery program.

I feel truly blessed to have a great clinical staff and management team, set comfortably within a supportive work environment. I am very lucky to work for a private rural hospital where community-based primary care is the top priority, but I see more and more how the long arm of Centers for Medicare & Medicaid Services (CMS) is running the show. Like everywhere else, we are losing valuable face-time with our patients, in exchanged for the busy work of documenting in our electronic medical records, updating health maintenance trackers, collecting and reporting patient data, and doing any number of other burdensome tasks to meet ever evolving regulatory guidelines, administrative benchmarks, and insurance requirements. Time constraints and algorithmic protocols drive our medical decisions, rather than *patient-tailored service*. **It sometimes feels like the *real patient* in question is the *healthcare system itself.*** Are we treating impersonal electronic medical record systems or the sentient human beings we serve?

2. What happened to the sacred doctor-patient relationship?

I was lucky enough to observe first-hand the relationship my wife's 80 year old Italian grandfather had with his patients, some of whom he had been seeing at this home-based internal medicine practice for nearly 50 years. I will never forget the precious experience of witnessing his elderly patients hobble up his driveway to the clinic at the back of his 3-story, porch-columned, civil-war era house. To grandpa's patients, his very words and touch had healing power and **if he wanted something done for them, it happened**, **no matter the challenge, regardless of the existence of bureaucratic red tape**.

Although this wonderful mentor of mine is now deceased, I have heard rumors of old-school private-practice doctors like him prescribing off-label medications, including the now controversial anti-parasitics, Ivermectin and Hydroxychloroquine, for COVID-19. These reports have been fairly consistent in the insistence that patients who receive these medications early in the disease state are being effectively "cured" from COVID-19 in 3-5 days. Personally, I have not used either of these drugs for this purpose, but I have safely prescribed them numerous times in the past for their FDA-approved indications, without negative incident. Like the majority of hospital-employed physicians, I am very reluctant to consider employing off-label treatments for COVID-19, given the unusually high liability prescribing environment we are facing. One has to ask, ***"Why have healthcare regulators seen fit to take unprecedented steps to limit the ability of physicians to prescribe anything but novel therapeutics for COVID-19?"***

I can't say for certain, but I suspect that if Grandpa was still alive, he would have given alternative treatments for COVID-19 serious consideration. Why? Because he was both a man of science and a man of action. He was a voracious reader of medical news and journal reports, so he would likely be aware of the data that supports some of these highly debated treatments, in addition to disingenuous claims that there is no such evidence. I can easily imagine his words in my head saying, "*When you are dealing with a novel pandemic, you don't have time to wait for case-controlled trials and meta-analyses. You have to use the science you know to treat the patient in front of you. When it's life-or-death, sometimes anecdotal evidence is all you have to go on. You have to act in the best interest of your patient.*" I miss his unapologetic wisdom.

Let me clarify that **I am not necessarily advocating for the use of off-label medications in the treatment of COVID-19**, but I do want to provoke a discussion about the value of preserving a modicum of physician autonomy in decision making and to emphasize the value of the doctor-patient relationship**. I believe that with informed consent, physicians should be able to develop a treatment plan that is patient-specific and is adapted to their stated goals and needs.** Traditionally, this is what we have done in using any number of medications

in treating various medical conditions. Never before have I seen such strict regulation of treatment protocols as I have during the pandemic. *Since when has it been the practice of government entities to tell physicians that they should not prescribe certain already FDA mediations according to their medical judgement?* **I think that the regulatory agencies have over-stepped their bounds by moving beyond medical guidance, to the indirect issuing of government-sanctioned mandates, and at times, blatant political activism. Furthermore, the backing of the narrative-driven media has played a major role in tying doctor's hands.**

3. Why are our patients losing faith in the healthcare system?

I am very concerned about the fact that many of my patients and acquaintances have expressed to me that they are **losing faith in our healthcare system**. They express concerns about medical mandates co-opting the medical decision making process and relay fears that divisive politics and public health debates are interfering with their access to quality healthcare. Due to limited availability of FDA approved early outpatient treatments for COVID-19, some patients are choosing to self-medicate, rather than seek hospital-based antibody infusions or inpatient antiviral treatment. A few of my rural patients, who contracted the virus prior to seeing me, admitted later on, that they resorted to taking veterinary ivermectin and "cured" themselves in under a week. I have heard similar stories from other doctors. I recognize that this is anecdotal evidence, but such information gathering is part of the experiential aspect of medical practice. That said, I have also heard of multiple reports of patients being hospitalized after failed or complicated self-treatment, but thankfully this has not occurred with any of my own patients. With this in mind, I think we have to ask ourselves, *"Why are some of our patients feeling the need to seek alternative treatment?"*

In my experience, part of the problem is that some patients, especially in rural communities, feel talked-down to and force-fed what is being called "settled-science" by the media and public health "experts" who don't seem to be giving any thought to patient choice. Many of them are disillusioned and discouraged by the constantly evolving recommendations regarding masking, social distancing, vaccinating, and boosting etc., meanwhile, they don't see any end to the pandemic in sight. For those who have already had COVID-19, some feel that their natural immunity is not taken into consideration and they can't understand why intelligent scientists suddenly don't act like it matters, despite the evidence that it may be more complete and longer lasting than vaccination. There are many patients who express concerns over the fact that the vaccines are being presented as "safe-and-effective", even for children, when many of them know people who had significant reactions after receiving the vaccines and/or developed COVID-19 later on despite being fully vaccinated. **They feel lied to because they don't believe they are getting the whole story.** Some say that they can't understand how "experts" can know for certain that the mRNA technologies won't cause medical problems for them and their children years down the road, when **we have not yet had 5 and 10 year prospective studies.** They wonder why more traditional viral vector vaccines are so difficult to access. Most are aware that under emergency authorization as a result of the pandemic, the government and pharmaceutical companies are relatively immune (via the PREP Act) from any liability related to negative reactions from COVID vaccines and treatments. Still others, who are suspicious of the government in general, say they don't trust federal agencies who would fund gain-of-function research into the very type of virus that caused the pandemic.

I keep hearing ill-informed or disingenuous spokespeople say "*trust the science*" as if we are not still dealing with an ever-evolving novel pandemic which is showing very few signs of slowing

down. The same people unreservedly promote novel vaccines and treatments as if they are right for everyone, **without an iota of understanding of what it is like to make complex decisions for a patient based on their medical history, allergy list, past experience with vaccines, or religious beliefs.** They push for use in children and pregnant women, when physicians in the field know that we are less likely to prescribe much older better researched FDA approved Category C medications in these populations. Concerns about vaccine escape resulting in variants caused by human-intervention-induced viral mutagenic shift are dismissed as if they don't hold water. Meanwhile, **our understanding of the science keeps evolving.**

4. **What is disinformation and who is in charge of regulating it?**

During the pandemic we have seen **a rise in calls for censorship of "*disinformation,*" a term used by totalitarian regimes to control the messaging and limit the dissemination of ideas contrary to the official government-sanctioned narrative**. I think this is an exceedingly dangerous development and is the **most severe threat we have seen to freedom of speech in the United States to date. It is also very detrimental to the scientific process** and the free flow of information it depends on, because **most new ideas begin as dissenting views contrary to the general consensus opinion.** So, who decides what is classified as disinformation? The mainstream media, big tech, and the social media companies? Based on what we have seen over the last year, it would seem so.

As medical professionals, we need to have free access to the acquisition and sharing of information, both true and false. The scientific process hangs upon the ability to rule out false information by disproving the null hypothesis, which makes use of deductive reasoning to assure that the truth of one's conclusions are irrefutable. This cannot be done without access to both sides of the equation and is a process important to all rational people, including scientists, statisticians, and the general public. **Censorship makes proving information impossible and increases the likelihood that the public will begin to distrust all information,** as the ability to discern between truth and propaganda becomes impossible. This has to stop.

5. **Why are we giving up our physician autonomy without a fight?**

For me, the public health response to the pandemic has reinforced my concerns about **the dehumanizing, depersonalized effect that the top-down socialization of our healthcare system is having on the doctor-patient relationship.** Under the current status of healthcare emergency, recommendations from the NIH and CDC are being backed by the federal government as if they have the power of law, without seeking any input from congress. Yes, there is a need to promote public health and ensure patient safety, but there seems to be no end to their quest for complete control over the healthcare system. **It seems clear they are unlikely to be satisfied until everything is consolidated under a government run universal healthcare system.**

This brings us back to the problem of increasing interference and burdensome red tape from third-party payers. Some may respond, *"Well that's why we need a single-payer system (Medicare-for-all), then covered therapies and payments would be standardized across the*

board." My answer to that is, "***Exactly my concern! A single-payer system would severely limit patient and provider choice, reducing it to only the most cost-effective options.***

I'm all for physician autonomy and patient choice being at the center of the doctor-patient relationship. I think it is very dangerous for the government to be picking winners and losers when it comes to therapeutic options for COVID-19 or other conditions."

Every day, our medical decisions are influenced by Medicaid and Medicare insurance payment preferences. Even before the pandemic, I was aware that federally subsidized state insurance programs have a track record of taking advantage of regulatory agency guidelines on prescribing controlled medications, and other drugs, as an opportunity to implement prior-authorization barriers to prescribing. They are incentivized to do so, because they can simultaneously meet the goals of the CDC, FDA, and DEA, while saving their insurance pools millions of dollars in pay-out costs for these expensive medications. You would think that with our many years of formal training and continuing medical education, we would be more than capable of making these decisions without the help of these intrusive middlemen.

Medical guidelines are necessary, but medical mandates remove the essential role of the physician in the decision making process. We've all experienced how frustrating, time-consuming, and demeaning to our prescriber's licenses it is to continuously have to look for new medication options for our patients, when their previous regimen was working just fine. Unfortunately, our hands are frequently forced by ever-changing insurance formularies and our patients are equally frustrated by these barriers to care.

In that vein, think about **how often our medical decisions are influenced by the feared "impact on the healthcare system."** The government and media love to talk about social responsibility, global impact, and downstream effects, but when these philosophies are applied indiscriminately to the healthcare system **we risk losing the individual patient in the process.** We are increasingly more focused on collective consequences and healthcare burden, which certainly matter from a public health perspective. However, as a clinician, **when you are having a face-to-face encounter in the exam room, it is the patient in front of you that matters most.**

6. Are the front lines for the pandemic really still in the hospital setting?

As a primary care physician and geriatrician, my experience with COVID-19 is from the outpatient clinic and nursing home perspective. Before we had therapeutics or vaccines, it was devastating to watch, almost helplessly, as we lost patients to a virus we knew little about. The fear and anxiety level among patients and staff was palpable. As healthcare professionals, many of us often felt like we were running on fumes, nearing physical and emotional burnout. Things have certainly improved since those early days of the SARS-CoV2 outbreak.

Now that we have vaccines and therapeutics, the front-line for the pandemic should naturally shift away from ER's and ICU's to the outpatient clinic. Unfortunately, we are ill prepared for this development, since we continue to be in dire need of early outpatient treatment options that don't require patients to have to go to an infusion center. Due to the still relatively poor ICU survival rates, we need to find ways to keep patients out of the hospital. Yes, primary prevention

with vaccines, masks, and social distancing is our first line of defense, but office-based clinicians need more medical tools to treat acute SARS-CoV2 infections.

7. Where does patient-choice factor into the equation?

On May 30th 2018, the Right to Try Act was signed into law. This legislation allows for patients to receive experimental non-FDA-approved medications for their life-threatening medical conditions. **At least in principle, you would think this policy could be expanded to include potentially life-saving off-label medications for treating COVID-19**, especially given the international state of emergency. The question is why doesn't it? **All it would take is an emergency authorization.**

As I mentioned earlier, you've certainly heard controversial discussions regarding two otherwise widely used anti-parasitics (among others) for possible benefit in treating COVID-19. You may be aware that they have been used for this purpose in other countries, but have been highly discouraged in the U.S., even at risk of losing employment or board licensure. It never made sense to me that these old, well studied, relatively cheap therapeutics were immediately shot down and discouraged by the healthcare establishment during the pandemic, and instead, novel drugs and vaccines were so easily accepted. Ivermectin and hydroxychloroquine have long been considered safe and effective for other conditions, so *why the rush to judgement when it came to trying them for COVID-19?*

Interestingly, I've read surprisingly identical statements from multiple state boards of pharmacy expressing concerns that wide scale use of hydroxychloroquine for this purpose would present the risk of creating shortages (Indiana, Iowa, Missouri, etc.) of these valuable multipurpose medications. As it turns out, the wording for these statements came directly from a directive of the Lupus Foundation of America and the Arthritis Foundation. *So, are restrictions on these medications really about concerns regarding safety and efficacy, or is it more about conserving healthcare resources and controlling how they are allocated?* **One thing is certain, no agency, foundation, or organization should have the ability to decide which medications a patient has access to.**

8. Are we as concerned about sick patients as we are about healthcare burden?

When it comes to how we look at the impact that the pandemic is having, **are we thinking in terms of the most important concern being loss of life, or are we more worried about the collateral impacts of COVID-19 morbidity on our healthcare system?** Personally, I hear more news reports about overwhelmed ERs, ICUs, and healthcare workers than I do actual commentary on the true morbidity to mortality ratio. **We talk endlessly about the cost to our healthcare system, rather than praising the wonders of how we have risen to the occasion and could do more if freely allowed to follow the science.**

Maybe if we weren't so cost/benefit minded and dependent on CMS reimbursement rates and reporting requirements we would be more apt to treat our patients as individuals and look for cheaper, simpler solutions to this crisis. Instead, we are dependent on high dollar novel therapeutics that are primarily hospital-based. We divide our patients into categories of masked and unmasked, the vaccinated and unvaccinated, like we are talking in Biblical terms of "clean

and unclean". Meanwhile, we fail to recognize that many of the unvaccinated are already immune due to having contracted and recovered from COVID-19 or they are self-isolating and taking other appropriate precautions. *How can we treat the COVID-19 pandemic like a zero-sum game when we know that just like the ever present influenza virus, positive cases is not the same thing as morbidity and mortality, especially when we are using highly sensitive viral tests?*

9. Do our patients really have to choose between freedom and safety?

A thought to ponder: *If you couldn't have both, which is more important to you, freedom or safety?* Our revolutionary founding fathers asked the same question, at a great initial cost, but in the end, founded the greatest nation in the history of the world. In fact, Benjamin Franklin was quoted to have said **"He who gives up freedom for safety deserves neither."** Patrick Henry is famously attributed with the shocking statement, **"Give me liberty or give me death!"** They believed in representative democracy with a limited republican form of government that was restrained from interfering in the daily lives of the American people. Today, the gross expansion of the federal government, mostly by means of the welfare state and healthcare system threatens to destroy the founding father's dream of a truly free society populated by autonomous God-fearing citizens. Why? *Because when the government becomes the sole provider and guarantor of all rights, individual liberty and responsibility goes out the window.*

As physicians in a healthcare system tending towards socialism, we are pressured to promote the ideal that safety is more important than freedom. But is it? I think that the citizens of current and past dictatorships throughout the world would beg to disagree. The thing is, **it depends on who is promising safety and at what cost.** A loving parent provides safety for a child, but eventually gives them their freedom. Conversely, **in societies, despotic leaders tend never to relinquish control once obtained.** Now, as we enter the age of genetic engineering, we need to be very careful about mandating patient acceptance of new technologies in the form of mRNA vaccines etc., especially as the arguments that they are for the greater benefit of society grow in strength and persuasiveness. **After all, who decides what is for the good of society? In the United States, it is supposed to be the citizens who choose what is in their best interest**, by way of the vote and their representative legislative bodies, not the dictatorial mandates of bureaucrats or presidents.

Here in the US, we have always strived to maintain a balance between freedom and safety. **I think it is still possible to provide for both, but this marriage only works when you respect the free choice of others**. Dictatorial governments make their citizens choose between safety and freedom, creating a false dichotomy in which those who wish to preserve freedom are marked as irresponsible citizens, or worse rebels and dissidents. **To stay true to our founding principles we must strive to preserve freedom, without sacrificing safety.**

10. Are we really okay with the costs of becoming a heartless healthcareocracy?

So, here's the problem: **while healthcare is being run like a top-down dictatorship, our patients are not buying what we are selling.** In our quick-access, highly information-driven world, they are reading many of the same reports we are. Misinformation, disinformation, incomplete information, and exceedingly complex information are all available to the well-informed or disinterested reader. The conflicting and ever-changing flood of information is

causing patients to lose trust in the healthcare system. **The only bulwark left to fight against this growing *healthcareocracy* is the increasingly fragile doctor-patient relationship.**

Certainly, our physician representatives would be concerned about this, right? Well, you would think that our membership driven physician associations like the American Medical Association (AMA) and the other specialty organizations would be obligated to promote independent practice and protect physician autonomy, but instead, **most of them seem to be working towards implementing socialized healthcare in the U.S.** This would seem contrary to their core responsibilities of supporting optimal practice environments and work place benefits for their members, which would significantly decline in a federalized single-payer system. **It's not surprising though, since most of the leadership in these organizations are seeking political influence and position, making them more aligned with the federal government's public health agenda than the interests of the private physician.** The unfortunate consequence of hospital-based, insurance driven practice is more time spent on documentation minutia, red tape, and productivity oriented, volume based care, resulting in less time spent on 1:1 high-quality patient care. **This viscous cycle inflicts a high cost financially, physically, and mentally to both patients and healthcare professionals.**

Understandably, I am starting to see major burn out among providers, the institutional loss of indispensable staff over vaccine mandates, and a mass exodus from healthcare altogether. This could be easily prevented by common-sense solutions, such as recognizing the value of natural immunity, using appropriate personal protective equipment, and making accommodations for staff that have minimal or no patient contact. Something has to change; and if our medical organizations do not stand up for autonomy of thought and practice, **we are going to lose the dynamic scientific field of medicine that inspired us to become doctors to a watered down socialized system of "healthcare delivery providers" that simply serve approved products divvied out according to allotted portion sizes.**

In the end, we need to ask ourselves the fundamental question, *"Are our medical decisions being solely driven by concern for the individual patient in front of us, or is our judgement clouded and our hands tied by outside influences which impact our practice style?"* If it is the latter, or a little of both, maybe **we need to re-evaluate our practice paradigm.**

Conclusion:
As a family physician, I believe that it is my role to educate and serve the patients I see every day. As a primary care advocate, I strongly believe that the front lines for our Healthcare System are in the outpatient clinic setting. We have heard tragic war stories about the front lines of the COVID-19 pandemic in the ER and ICU. Early on, this was the understandable result of being in the throes of a novel virus outbreak. Now that we have hospital-based therapeutics and growing community-based immunity through viral spread and vaccinations, the front lines for the pandemic should naturally shift to the outpatient setting. It is from this setting that primary care physicians will continue to promote primary prevention, however we are in dire need of early outpatient treatment options for COVID-19 which can be administered or prescribed from our places of clinical practice.

Central to our training as primary care doctors is the goal of keeping our patients out of the hospital whenever possible, by stabilizing and curing them from the clinic setting. When it comes to early outpatient treatment for COVID-19, I'm not advocating for any particular treatment, only the patient's right to try when the physician believes it is appropriate to do so. It is not uncommon for physicians to use medications that are FDA-approved for other purposes as off-label modalities for treating any number of conditions for which evidence has shown they may be effective. Our extensive medical education provides us the expertise and clinical judgment to make such decisions.

Primary care physicians come from all manner of backgrounds and some of us are experts in other scientific fields. We must be allowed the freedom to make unencumbered medical decisions for our patients, based on our unique understanding of their medical history and particular situation. We must protect patient choice, the right to try, and the sacred doctor-patient relationship.

So what's the solution? How can we save the human side of patient care?
My recommendation is that we move away from a centralized healthcare model to one more expanded, where research and rigorous scientific debate happen at the local level. We need to eliminate unnecessary interference from meddlesome middle-men, reduce the stronghold that institutional monopolies have on healthcare decision making, and open the system up to more dynamic need-based growth and development. To ensure physician autonomy and scientific integrity we must oppose nationalization of our medical license.

Physicians ought to be as engaged in the future of healthcare delivery as our public health officials and governmental leaders are. We should organize locally and advocate broadly for the loosening of regulatory restraints on physician practice and patient choice. Only then, when all participants are highly invested in the healthcare system, will we be able to provide and receive the high quality, patient centered, physician led medical care we desire.