Practice of medicine – the fatal mindset

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It is now obvious that two opposite views exist concerning the COVID-19 pandemic:

(1) the official one, supported mainly by physicians and related establishments, believes that the virus and the pandemic are real;

(2) the rest, mostly scientists, including some physicians and alternative medicine practicing groups, believe that the virus story is unscientific and a hoax.

However, as views held by both sides remain strong, the question is which view be considered correct and be followed. Until it is not decided which view is correct, it is impossible to address the virus and pandemic situation, and such cannot be stopped or avoided in the future.

This article provides a discussion to address the issue by critically evaluating the handling of the issue by medical practitioners and establishments.

The story of the pandemic, no doubt, was initiated by government health authorities and organizations, which were supported by physicians, mostly connected to government establishments (directly or indirectly). They were all presented as subject experts, scientists, and public health defenders, in particular, through the mainstream media (1, 2, 3).

In addressing the issues, it would be helpful to consider first the underlying education and training aspects of a physician for delivering its services. As per common definitions:

"A *physician is a person qualified to practice medicine.*" (Definitions from Oxford Languages)" (link).

"*A physician is a general term for a doctor who has earned a medical degree. Physicians work to maintain, promote, and restore health by studying, diagnosing, and treating injuries and diseases*" (link)

In short, a physician diagnoses diseases and prescribes medicines/treatment following standard and acceptable protocols and instructions. Therefore, a physician is a professional who ***practices medicine***.

There is no mention of the word science in describing a practicing physician. For example, consider the curriculum of a medical degree from the University of Toronto (Canada) - a highly respected and reputed institution.

"The University of Toronto MD Program is four years in length and delivers a comprehensive curriculum that prepares students for every kind of ***career in medicine****.*

The first two years of the M.D. Program, called Foundations develops students' knowledge, skills and attitudes in preparation for future learning. Students learn in diverse settings, including classrooms for lectures and seminars, anatomy labs, in community settings and at the bedside. Students learn foundational science and clinical topics, and also begin to develop their clinical skills to prepare for workplace learning in the final two years of the program, known as Clerkship. Clerkship involves

learning while working with physicians and other health care team members in the hospital and clinic. With support from our world-class network of hospitals and clinical care sites, students delve deeper into areas such as paediatrics, family medicine, surgery, internal medicine, obstetrics-gynaecology, anesthesia, emergency medicine and psychiatry." (link).

Under Education Goals and Competency Framework, it describes,

"Education goals

The MD Program aspires to prepare graduates who are:

- *clinically competent and prepared for life-long learning through the phases of their career*
- *ethical decision-makers dedicated to acting in accordance with the highest standards of professionalism*
- *adaptive in response to the needs of patients and communities from diverse and varied populations*
- *engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner*
- *reflective and able to act in the face of novelty, ambiguity, and complexity*
- *resilient and mindful of their well-being and that of their colleagues*
- *capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement"*

Moreover, "Further elaboration of several of the competencies (those marked with asterisks) is provided in *Appendix 1" (link)

Appendix 1: Details Pertaining to Selected Enabling Competencies

"Medical Expert 1.2 Foundational Disciplines – (i) Biomedical Sciences (The major biomedical sciences are: anatomy, biochemistry, embryology, genetics, histology, immunology, medical imaging, microbiology, nutrition and exercise science, pathology, pharmacology, physiology, radiology"

The part mentioned above (3-lines) represents, in a 4-page (about 100 lines) document, a description indicating that the M.D. Program provides a basic overview of some relevant scientific principles. (link).

There is no mention of actual laboratory testing and/or experimentation relating to medicines, indicating students **are not being trained for science or being scientists**. However, with few exceptions, MDs are considered and presented as scientists (with the famous phrase "we follow the science"), indicating a discrepancy between training and education vs. the claims and practice.

There is no mention anywhere that MDs are trained and educated as scientists (experimentalists).

The curriculum description suggests that MDs are trained as tradespersons or technicians, i.e., reading manuals and prescribing the medicine/treatment. They prescribe medicines as per instructions following the set protocols or service manuals.

The way the curriculum reads, the MDs can easily be compared with auto mechanics as an example. A customer who comes to the auto shop with a defective car (patient) describes the problem (symptoms). Then, as per service manuals, the mechanics perform requisite testing (diagnosis) and suggest repair (prescription). As a result, the issue usually is resolved in short order.

It is unclear how a basic (graduate) degree in medicine is considered a science degree, especially considering the insignificant science component in the overall training. Furthermore, medical degrees and training are about ***using*** medicines – mostly pure and potent chemicals.

On the other hand, the chemicals, irrespective of their designation, medicines, drugs, and pharmaceuticals, are studied in the chemistry discipline – the science or science subject without any doubt or argument. Therefore, isolation of substances/chemicals (RNAs, mRNA, proteins, sugars, etc.), testing, and/or developing new chemicals logically fall under the chemistry subject, not the practice of medicines. Physicians are the users of chemicals - like millions of people drive or use cars without knowing or needing to know, in any detail, the functioning or mechanical working of vehicles.

Similarly, physicians use and prescribe chemicals/medicines, mostly not part of the natural biological system, without knowing or needing to know their manufacturing and functioning details. This is the most crucial aspect to know and understand for both the public/patients and the medical professionals.

The professionals are trained to prescribe known and well-established medicines (chemicals) for clearly described symptoms with appropriate diagnostic testing. Even the diagnostic tests are done separately, and physicians use the results. Hardly ever are physicians involved in developing, qualifying, and validating tests. Instead, they are trained to read and follow the information provided by other respective professionals. Similarly, one should not assume that they know in detail and at the molecular level about medicines and diseases, particularly the new diseases, because they have never been trained in such exploratory aspects (scientific research).

Unfortunately, however, not recognizing this lack of training and understanding of the science subject but considering themselves as scientists, medical professionals make gross errors, declaring nonexisting pathogens (e.g., viruses) and pandemics. Moreover, creating and developing medicines (chemicals) with fancy names such as mRNA, antiviral, etc. One often hears physicians' persistent advice and suggestions in the media and literature on how medicines are developed and work.

However, they are never trained as chemists or conducting scientific studies to develop and evaluate medicines. Hence, they make unscientific and false claims about medicines and the diseases. For example,

1. Believing the virus's existence,
    a. "*SARS-CoV2 has been sampled millions of times over from infected people, including those originally found to be infected in China," Dr Stephen Griffin, a virologist and Associate Professor at Leeds*

Institute of Medical Research, told Full Fact." *link.*

A false statement. No one has seen, directly or indirectly, any specimen of the isolated and purified virus (1, 2).

b. *"The joint research project, known as the Johns Hopkins Excellence in Pathogenesis and Immunity Center for SARS-CoV-2 (JH-EPICS), was established under a five-year grant from the National Cancer Institute (NCI), part of the National Institutes of Health. The funding of more than $2 million per year will support studies — commencing immediately — of the immune elements that determine whether people get mild or severe COVID-19 illness following exposure to the virus.*

The center will be jointly led by Andrea Cox, M.D., Ph.D., professor of medicine at the Johns Hopkins University School of Medicine, and Sabra Klein, Ph.D., professor of molecular microbiology and immunology at the Johns Hopkins Bloomberg School of Public Health. "exposure to the virus." (*link*).

Such a study or project has to be false because it would require a physical and identifiable sample of the virus, which is not available. Even vaccines for SARS-CoV-2 have been developed without using the virus but with an imaginary and nonexisting virus (link).

2. *The (PCR) test: "This test detects bits of the virus itself and can tell you if you're currently infected. Swabs are used to collect samples from the mucus membranes in the nose and throat where the virus may be growing or have been coughed up from the lungs. PCR tests are considered the gold-standard of NAAT testing"* (link).

   Incorrect. The PCR test does not test the virus or its variant, illness, infection, or COVID-19 (link).

3. *"The vaccine: Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19.*

   Evidence indicates that vaccines are very effective at preventing severe illness, hospitalization, and death from COVID-19, including against Alpha and Delta variants of concern." *link*

   Incorrect. Vaccines have never been tested against the virus in or outside the human body (link).

4. (Masks use) When questioned during the SARS-CoV-2 pandemic to demonstrate the effectiveness of the masks' use, studies suddenly started appearing in the literature from medical institutions. An example of one of many such studies is provided here (link); describing such a study,

5.

"*Guidelines from the CDC and the WHO recommend the wearing of face masks to prevent the spread of coronavirus (CoV) disease 2019 (COVID-19); however, the protective efficiency of such masks against airborne transmission of infectious severe acute respiratory syndrome CoV-2 (SARS-CoV-2) droplets/aerosols is unknown.*

Here, we developed an airborne transmission simulator of infectious SARS-CoV-2- containing droplets/aerosols produced by human respiration and coughs and assessed the transmissibility of the infectious droplets/aerosols and the ability of various types of face masks to block the transmission. We found that cotton masks, surgical masks, and N95 masks all have a protective effect with respect to the transmission of infective droplets/aerosols of SARS-CoV-2 and that the protective efficiency was higher when masks were worn by a virus spreader. Importantly, medical masks (surgical masks and even N95 masks) were not able to completely block the transmission of virus droplets/aerosols even when completely sealed.

Note the wording in the last line above, "*virus droplets/aerosols.*" There is no such thing as "*virus droplets/aerosols.*" Exprienemts were conducted using only the "droplets/aerosols," but the conclusion is drawn to reflect the virus particles. It is unclear how such a study would be considered a scientific study – when it is not.

All of the examples mentioned above relate to chemistry (science) and should have been done within chemistry laboratories, particularly analytical chemistry.

It is the biggest tragedy that physicians gained high respect in the eyes of the public by providing needed and valuable ***treatment*** services. Unfortunately, however, they have lost it all by declaring themselves as scientists and indulging in the activities (science and research) they are never trained for or qualified for and never practice.

They may try to recover the lost respect and credibility by helping the public/patients with the expertise and knowledge they have been trained. However, at present, they may not be able to.

In this regard, they require independence to work with patients. But unfortunately, they do not have that independence but work as subordinate to (political) bureaucracy in treating patients and diseases.

When one looks closely concerning the drug treatments, developments, administration, and discussions, choices are made between the medical profession, pharmaceutical industry, and the authorities such as FDA, not for the patients.

Medications are being forced upon the patients without their consent and input. Physicians-patients interaction is almost non-existent in this respect.

Consider the example of the coronavirus pandemic. Patients are being forced (mandated) with a government-imposed disease and medication. Patients, along with many physicians, are desperately requesting different options for consideration, but only the governments/bureaucracy have been deciding for

them. For example, governments have accepted this view, with the support of select physicians, that all citizens are sick or will be sick, with some mysterious (named COVID-19) disease. In addition, they have to be treated with a specific treatment/vaccination, which is still under development or not appropriately developed or approved.

It is time to think clearly and differently about how medical and pharmaceutical-based professionals have deviated from their mandate and have indulged in a subject they have never been trained in. As a result, they make colossal mistakes and do not look caring and smart in the public's eyes except in the eyes of bureaucrats, "experts," and peers.

One of the options to address the situation is to consider separating the development and manufacturing of medicines from the medical profession. Allopathic medicines, in particular, are chemicals and should be part of chemical manufacturing and development. There should not be any argument about it.

The medicines development, testing, manufacturing, and sale as part of the medical profession have created a significant conflict of interest situation. The situation is that the medical professionals appear to be acting as sales agents for medication/vaccination, i.e., anyone who likes to live their normal life must have the vaccine/medicines. This fatal mindset needs to be changed.