

# COVID-19 Response Demonstrates the Tyranny of Evidence-Based Medicine

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Why did the vast majority of practicing physicians sit on their hands and do absolutely nothing to help patients with early COVID-19? To answer this question, we must review how doctors assimilate information and the many pressures on them to adopt certain algorithmic patterns of treatment from so-called expert and government sources.

Here is an excerpt from a recent conversation with a junior colleague (JC) on early outpatient treatment of COVID with hydroxychloroquine (HCQ) or ivermectin (IVM):

JC: Some were researching whether certain drugs like HCQ and IVM could be repurposed for COVID-19 treatment.

Me: Yes, and some began using them with excellent results. They were censored, demonized, and harassed. Why?

JC: Countries like mine depend heavily on guidelines from the WHO,...and right now there's nothing that supports the use of those drugs in COVID-19.

Me: That's the problem. The guidelines are consistently wrong. Did you know the WHO receives more than 50 percent of its funding from industry? They are corrupt, as are the CDC and FDA.

JC: So, you're saying these agencies that are promoting best practice guidelines in medicine are all corrupt? So, then whom do we trust? We might as well just do what we want when treating patients.

Me: No. We use science, logic, deductive reasoning, judgment, and clinical experience.

Most doctors have become so dependent on guidelines that they have lost the ability to problem-solve, to think critically, and to practice real clinical medicine. Medicine has gone off the rails, and patients are suffering the consequences.

When the first wave of what was then known as the Wuhan virus hit in March–April 2020, medical attention was almost completely focused on management of the acutely ill patient. This was notable for its very high failure rate, particularly post-intubation.

A handful of intrepid doctors, including Zev Zelenko<sup>1</sup> in Upstate New York and Didier Raoult<sup>2</sup> in Marseille, France, addressed early outpatient treatment using repurposed existing drugs such as HCQ. These physicians achieved remarkable clinical results, but instead of being embraced and emulated, they were censored and harassed. As should now be obvious to even the most naïve, Big Pharma and other stakeholders had to suppress successful, cheap remedies to pave the way for the rollout of the “vaccines” and patented products such as remdesivir and molnupiravir that were already developed.

The censorship and harassment have become more widespread and severe. Doctors who do not support the official CDC/WHO narrative are increasingly “de-platformed”

and have had their licenses and certifications threatened. This is out-and-out medical fascism, and is evidence of sinister and powerful forces pushing the process.

How is this being accomplished? By using the tyranny of evidence-based medicine (EBM). “These treatments are not evidence-based!” scream the “fact-checkers,” and “where are the randomized controlled trials (RCTs)?” It is impossible to have RCT data on a brand-new disease, but so what. The authorities had spoken.

In their excellent book, *Tarnished Gold: The Sickness of Evidence-Based Medicine*,<sup>3</sup> Hickey and Roberts write:

EBM encourages totalitarian medicine. It is displacing the doctor-patient unit as the ultimate decision-making authority. Peer review is used as censorship. EBM is a self-referential closed system, where critical appraisal means checking whether a study conforms to its rules. So-called evidence-based medicine wrongly claims the authority of medical and scientific gold-standards. EBM repackages and uses concepts from legal proof, in an attempt to impose a medical dictatorship. EBM enables corporate medicine to redefine science as a form of advertising.

Governments use EBM to control medicine. EBM allows governments to generate executive organizations such as the NICE in the UK, the FDA in the US.... These organizations initiate a top-down managerial hierarchy that allows governmental and legislative control. Often...the people making the decisions are not fully independent doctors or scientists.

There is no scientific support for NICE and similar governmental organizations. They are justified by political needs, balanced by those of corporate medicine.

What is EBM? EBM is a movement that began in the early 1990s with the noble intention of incorporating high quality research into clinical practice. Over the last 20 years, EBM has steadily replaced traditional medicine, which depended on understanding pathophysiology and pathology (i.e., basic science), with careful patient management including following response to treatments.

EBM was quickly hijacked by industry<sup>4</sup> to promote the use of their products through clinical practice guidelines,<sup>5</sup> which are based on little more than a consensus of “experts,” the majority of whom receive considerable financial support from industry. Ironically, many guideline recommendations are based on low quality, or no evidence.

EBM arrogantly claims for itself the mantle of “science,” but is actually pseudoscientific. It relies heavily on studies of large populations and therefore statistics, which are inherently unreliable and easy to manipulate. It exalts meta-analyses, statistical

compilations of many studies, which can be created to support almost any pre-conceived idea.<sup>6</sup> The vast majority of physicians are unable to understand, let alone deconstruct, the statistics used in most studies. The conceit of EBM is that the results of large population studies can and should be used to dictate treatment of individual patients. This is known as the ecological fallacy. There is never enough granular information in such studies to justify a one-size-fits-all approach to treatment.

EBM creates an arbitrary hierarchy of evidence, with RCTs and meta-analyses at the top and clinical experience, insultingly called “anecdotes,” at the bottom. This is absurd on its face. The logical conclusion is that clinical experience is not needed to practice medicine! Just buy a guideline cookbook and go out there and heal! Well, perhaps that’s where things are headed.

“Evidence” is not science. Evidence can always be found to support any hypothesis, no matter how absurd. Remember that according to the “evidence,” Paul McCartney has been dead since 1966!<sup>7</sup> He who controls the “evidence” controls “the science” and through the bogus and corrupt guideline process, controls clinical practice.

Through sponsorship and other means, industry and government control the vast majority of published scientific research. Somehow, only results favorable to the sponsor tend to get published, so the database of peer-reviewed published research is inherently biased and unreliable. Guidelines can at best reflect the bias in the literature.

John Ioannidis of Stanford University, widely recognized as a world leader in data analysis, wrote in his highly cited 2005 paper, “The greater the financial and other interests and prejudices in a scientific field, the less likely the research findings are to be true.”<sup>8</sup> And Marcia Angell, former editor of the *New England Journal of Medicine*, famously said, “It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines.”<sup>9</sup>

Much modern research involves the identification and treatment of disease “risk factors,” as opposed to understanding and addressing the actual cause of the disease. The risk factors are frequently based on laboratory test results, thus guidelines are often focused on achieving numerical “targets,” such as hemoglobin A1c < 7 or LDL cholesterol < 100. This approach invariably requires more medications and higher doses.

Studies are performed to show how drug A is successful at reaching surrogate “targets,” and “powered” by adding thousands of patients to produce a “statistically significant” result from a product with a trivial or nonexistent clinical benefit. Has this approach cured heart disease or diabetes? Hardly! Though spending more than other countries, we are sicker than ever.<sup>10</sup>

Medicine has devolved to treating numbers based on guidelines instead of focusing on individual patients and underlying diseases. If you’re playing the numbers game, you have probably missed the news that a keto diet reverses type 2 diabetes.<sup>11</sup> And since type 2 diabetes is a leading cause of heart disease, this may improve as well.<sup>12</sup>

The transition from traditional, scientific medical practice based on treating patients as individuals towards EBM and a “population health” model has been greatly amplified by the near abolition of independent private medical practice. This was accomplished, intentionally in my view, by progressively

ratcheting down payments to physicians from third-party payers; by the move away from traditional indemnity insurance towards managed care; by imposing onerous reporting requirements on physicians in order to be paid (“payment for value” schemes, all based on EBM and guidelines); and by requiring expensive electronic health records. These all led to a massive migration of doctors out of private practice and into corporate, hospital-owned practices. Once captured by these conglomerates, the imposition of one-size-fits-all, treat-by-numbers “practice” was assured.<sup>13</sup>

The adoption of EBM set the stage for the anti-scientific, fascistic response to this virus. Technocrats like Dr. Anthony Fauci selectively applied EBM to promote nonsensical masking, lockdowns, and “social” distancing, all of which have almost zero scientific basis, while dismissing highly successful early outpatient treatments as “anecdotal.” He also promoted the use of remdesivir, a toxic and ineffective Gilead product, based on a very weak RCT.<sup>14</sup>

Worse, an unprecedented campaign using extreme coercion is under way to inject literally the entire world population with brand new mRNA treatments based on shoddy, Big-Pharma-sponsored studies.<sup>15</sup> The advertised “95% efficacy” comes from a relative risk reduction mathematical manipulation. None of these vaccines produced much more than a 1% absolute risk reduction for “serious” disease, making them clinically irrelevant. Serious adverse events were downplayed. The study endpoints of reduction in serious symptoms are ridiculously soft, the blinding was almost non-existent, the control groups were obliterated after a few months by crossing over to active drug, and more than 3400 patients with “suspected but unconfirmed disease” were excluded from analysis. At the very least, the FDA should have required the companies to turn over source data for independent outside analysis.<sup>16</sup>

The ultimate blow to individualized, science-based, Hippocratic medicine is the completely indiscriminate administration of these minimally effective, toxic “vaccines” to virtually all human beings, regardless of *any* clinical considerations. It is being pushed into 1) young people and children who are at near-zero risk of death or disability from COVID and who therefore will have zero benefit; 2) those previously infected, in whom it is unneeded and harmful; 3) pregnant women and women of childbearing age; 4) lactating mothers; 5) those with allergies and autoimmune diseases; 6) patients with kidney failure; 7) patients with clotting and bleeding disorders; and 8) the very elderly and infirm. The assertion: One size fits all!

No ethical physician practicing Hippocratic medicine should be going along with this madness. That so many are is unbearably sad. We are witnessing the destruction of individualized, ethical, science-based medicine, and with it, the medical profession. The acceptance of EBM has played a major role in its demise.

If we can get through the current crisis, we must try to bring American medicine back from the dead. It will be a major undertaking.

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