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# Correspondence

## Our Fall Issue

The fall issue was packed with important and illuminating essays and articles.

Andrew Schlafly continues his outstanding legal work and explained it well in his essay on the basis for the AAPS Educational Foundation lawsuit against medical specialty board censorship and professional tyranny aimed at certified physicians who differ from the “consensus” on COVID-19.<sup>1</sup> He is clearly pushing back against the Orwellian totalitarian police state that’s been on display in the last few years, in particular during the COVID-19 affair. Schlafly is an inestimable resource for the cause of professional freedom of speech and conduct.

Dr. Doyen Nguyen's erudite and thorough discussion of the history of, and problems with brain death determinations<sup>2</sup> sheds light on a growing ethical problem. Higher demand for organ transplants facilitates a higher demand for use of brain-death protocol guidelines, instead of death determination by cessation of respiratory-cardiovascular activity. Her discussion about the problems with the apnea test and the attribution of EEG activity to insignificant “nests” of neurons was particularly enlightening. Recently, I was made aware of the technique of cross-clamping brain circulation to create brain death followed by resuscitation of cardiac activity to preserve organs for transplant. The point of the cross-clamping was to assure brain death.

Dr. Jane Orient provided a thorough and scholarly discussion of the mRNA fertility issue and the scientific and sociopolitical dynamics that have poisoned the medical/scientific environment.<sup>3</sup> I especially appreciate the uniquely interesting and helpful graphics.

Dr. Lawrence Huntoon provided an excellent discussion of the problem of anonymous patient evaluations and physician ratings as weapons in abusive peer review, mostly in hospitals but also in other medical disciplinary settings.<sup>4</sup> As Dr. Huntoon points out, due process is hard to find in the lawyered-up hospital setting and in the corporatized and agency-dominated professional environment. A targeted physician is often at a terrible disadvantage, aggravated by the lack of fundamental traditional elements of due process. One

element of due process is the right to confront one's accusers and know the specific charges. That's a distant memory in some places, particularly when nonspecific “general” accusations are the basis for the proposed disciplinary action.

**John Dale Dunn, M.D., J.D.**  
Brownwood, TX

## REFERENCES

1. Schlafly AL. Ending retaliation by specialty boards that certify physicians. *J Am Phys Surg* 2022;27:82-86.
2. Nguyen D. Brain death: what physicians need to know. *J Am Phys Surg* 2022;27:87-93.
3. Orient JM. Negative evidence: COVID-19 vaccines and fertility. *J Am Phys Surg* 2022;27:69-77.
4. Huntoon LR. Sham peer review: abuse of incident reporting software. *J Am Phys Surg* 2022;27:78-79.

## Chemical Abortion

I want to commend Dr. Ingrid Skop for the excellent piece in the summer issue on the risks of chemical abortion.<sup>1</sup> It is so important to have an authoritative medical review of these very serious risks, which heretofore have received little attention. This information is ever more important, as chemical abortion tragically is likely to become even more prevalent after this year's Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*.

I will look for opportunities to share this information with others.

**Grace-Marie Turner**  
Galen Institute

## REFERENCE

1. Skop I. Chemical abortion: risks posed by changes in supervision. *J Am Phys Surg* 2022;27:56-61.

## A Guide to Home-Based COVID Treatment

Step-By-Step Doctors' Plan  
That Could Save Your Life

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