

At the start of the pandemic, I worked as a nurse case manager for a large Maryland medical system. I saw numerous patients discharged, still sick with COVID, lacking adequate planning. They had ineffective treatments and no home support. By fall 2021, I resigned. I could no longer take part in what I considered to be unethical care. For the next two years, I collaborated daily with medical professionals nationwide to help those affected by COVID access treatments community and hospital physicians were denying.

In the hospital cases I supported, patients were offered remdesivir and a ventilator as their only treatment option. Because there were no meaningful discussions about alternative treatments, patients and families would contact me for education and support. Once fully informed, hospitalized patients would often choose to pursue alternative options over the hospital protocol. Two patients of mine show why informed choice matters so critically.

In mid-December 2021, Jeffery Bird and James Wright were each admitted to the same Maryland ICU. They were close in age; Jeffery was 60 and James was 56. They had similar baseline health statuses. Both were told the hospital protocol was the only life-saving option. I was asked by their families to provide education and discuss alternative treatments.

Jeffery, while interested, surrendered quickly to staff warnings. His condition worsened rapidly. He died on December 22, 2021.

James bravely declined the hospital course. He sought help from outside the hospital to obtain alternative treatment. His family quietly arranged for these treatments to be passed to him in a stuffed novelty pillow while he remained on high flow oxygen in the ICU. James began to recover within 24 hours of initiating alternative care. He was discharged home in time to celebrate the New Year with his family.

Jeffery and James' experiences reflect the broader practice I observed in hospitals throughout the pandemic. Patients were told they would die unless they followed the COVID Hospital Protocol. Requests to discuss other treatment options were aggressively dismissed as lacking "science", being called lies, and fake medicine. Patients in hospitals faced egregious conditions of extreme isolation, alienation, and significant gaps in basic medical care. Medical treatments such as IV fluids and antibiotics were often denied. Patients lacked sufficient food and fluids. They were given minimal assistance to walk or use the bathroom. They even lacked essentials such as a toothbrush or comb.

When hospitals would not change their course, at the patient's request, whenever medically possible, I helped them come home where they could receive the alternative treatment they desired. I watched them flourish, surrounded by their families, receiving the medical care they believed was best.

In my professional judgment, the conduct I witnessed in our nation's hospitals during the pandemic was not consistent with ethical, patient-centered medicine. Patients have a right to dignity, to be informed about treatment options, and to participate in their plans of care. Jeffery and James illustrate why those rights critically matter: informed choice can affect both process and outcome. In the case of Jeffery and James, the outcomes meant the difference between life and death.

I respectfully ask our nation's leaders to examine how these hospital protocols were determined, why informed choice was denied, and what safeguards are needed to ensure patients are never again isolated, silenced, deprived of dignity, or denied their medical autonomy.