

My remarks today are my own direct experience and opinion and not of any institution where I have cared for my patients.

COVID-19 treatment was a process driven by a top-down approach. Information, including treatment dictates, was imposed on physicians rather than openly discussed. We were confronted with concerning recommendations regarding when to intubate, what medications were being recommended for or against, including the recommendations against steroid use early in the pandemic. Many of these recommendations were incongruent with standard practice in medicine including early intubation if they required more than 6 lpm of supplemental oxygen. Fortunately, we were in agreement that seemed ill advised and ultimately steroids were a key component requiring an individualized approach.

I shared information with our admitting hospitalist service regarding other treatment options for COVID-19. I was scolded for communicating these treatment options directly with other physicians. They were instructed to stick strictly to the inpatient COVID treatments prescribed by government institutions. They refused to disseminate information regarding risk-reduction therapies, such as supplemental vitamin D, C, or NAC.

During my patient interactions, I offered low-risk, FDA-approved, off-label treatment options with sound data to support their use and benefit. Patients and families were seeking out my services and requesting consultations, yet physicians were refusing to place consult orders. Despite this, if a patient or family member requested assistance, I would visit with the patient and discuss other treatment options, particularly when they were failing their current treatment. Many patients are alive today because of these treatment options.

I was subjected to sham peer review of many COVID cases. I sent supporting data from the FLCCC but was never summoned or asked questions about the cases. Hospitalists were directed to override and cancel my orders. I was prohibited from seeing patients requesting consultation without an official electronic order from the admitting team. This placed patients at risk and created great moral conflict, as I was forced to deny their pleas despite my oath to serve patients in need. This was an egregious breach of a patient's right to a bedside advocate and subspecialty consultation.

When patients failed to recover after the prescribed course of remdesivir and decadron, families were told there was no hope that their loved one would recover and the best option was to proceed with comfort care. One 52-year-old mother and wife had already been intubated, prone, and paralyzed for approximately two weeks. The medical team had deemed that she would not be able to survive. Before submitting to the recommended comfort-care approach, the family requested a discussion with me after they had been told by the palliative care team that there was no one who would prescribe a trial of the medication regimen they were requesting. The care

team knew this was untrue as I was openly prescribing other treatment options for COVID-19 with success.

After our risk-benefit discussion, her family elected to proceed with the MATH + protocol (Methylprednisolone, Ascorbic Acid, Thiamine, Heparin, Ivermectin, Omega 3, acetylcysteine) and she began to recover. Her brother, who was also a physician in another state, was amazed at the response and could not understand why everyone wasn't utilizing this treatment regimen. I agreed.

She is now alive and well. She continues to flourish and live a full life with her family as do so many more. My hope is that in the future, we will never again allow rigid mandated therapy protocols to be dictated by government entities but rather allow physicians to do their job clinically assessing and utilizing all the available tools to help patients during a medical crisis. We must never allow another lockdown scenario that deprives patients from therapeutic family visitation and a bedside advocate again.