

What is a Physician's Job and Obligations?

It now appears that tens of thousands of US medical professionals* (e.g., [here](#)) are in disagreement with one or more of the COVID-19 policies advocated by the Medical Establishment.** *What is going on?*

This is a complex technical matter, so to have any chance of understanding this situation, we need to considerably simplify the discussion. To that end, let's just look at one party from each group: **physicians** and the **FDA**.

For a person to be licensed as a US physician, they must have gone through years of academic education, *plus* years of onsite training, *and* to also have passed rigorous testing along the way.

But what is a physician's obligation *after* receiving this coveted license?

As is well-known, a unique, key objective of their practice is that they have [committed](#) to act in the best interests of their patients. To fulfill that responsibility, physicians have a *continuous* duty to stay educated, so that they can provide **Science-based** healthcare advice and assistance to their patients.

How do practicing physicians relate to a large government bureaucracy, like the [FDA](#) (Food and Drug Administration)?

The FDA's [statutory obligation](#) is to *assist* US physicians in fulfilling their contractual duty to their patients. For example, since they have significant financial and personnel resources, the FDA would **thoroughly** and **objectively** evaluate therapeutic options for diseases (like COVID-19), and then **expeditiously** give their official blessing to any that have met reasonable standards of *safety* and *efficacy*.

In other words, the FDA should be totally driven by **Science**. As such, they should scrupulously avoid being sidetracked by politics (political science).

So what happens when a competent physician's knowledge and clinical experience tells them to act differently (or contrarily) to the current position of the FDA?

First, the doctor would double-check their conclusions (and intended advice), to make sure that they are genuinely based on Science.

Second (assuming that the first point is satisfied), the physician should proceed to counsel their patients to do what they believe is in the patient's best interest — *even if it differs from what some bureaucratic agency's position is.*

The alternative path is to robotically follow a government agency's dictates that:

- a) ignore the physician's own clinical experience,
- b) are contrary to what the physician's scientific investigation reveals, *and*
- c) as such, are not in the best health interest of the physician's patients.

It would appear that any physician who took the later route, would legally and ethically be in violation of their sworn obligation to do no harm to their patients.

The public should be *extremely* concerned when there are such conflicts — especially when they frequently occur, regarding the same life-and-death medical issue.

The question is: *who is right here — the federal agency or the frontline physician?*

Since both are committed (legally and ethically) to be basing their positions on Science, **the answer must come from Science.**

In the case of COVID-19 policies, the evidence strongly indicates that the FDA (and other parts of the Medical Establishment) have departed from following real Science (inadvertently or otherwise), and have taken a *political science* path instead.

Some evidence for this disturbing conclusion is outlined in these reports: [here](#) and [here](#).

Since the FDA works for (and is funded by) the public, the public's representatives should hold the FDA accountable for any deviations from their statutory obligations.

Hopefully there are competent legislators, attorneys and judges who will see that this happens, and that the FDA subsequently gets back to doing its job, ASAP.

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* This includes doctors, nurses, physician assistants, etc.

** This includes [WHO](#), [FDA](#), [CDC](#), [NIH](#), [AMA](#), hospitals, pharmacies, large pharmaceutical companies, etc.