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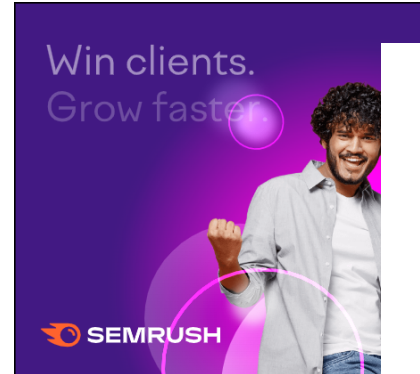
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Covid-19: Role and limitations of doctors and treatment protocols

TOPICS: Hydroxychloroquine



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By **PRAMOD RANJAN**Suffering from **severe brain injury** & **trauma**, my son needs**DONATE NOW**

As was expected, the country is witnessing an explosion of Covid cases, leading to chaos and mayhem. People are dying for want of oxygen. The **protocol for the treatment of Covid patients** is faulty and that is one reason for the high number of deaths. Thanks to the protocol, deaths due to other causes are also being added to the Covid toll.

In this article, we would try to look at the connections between the Covid pandemic and the doctors. So far, the discussion on the role of the doctors, which is decidedly

very important, has largely been one-sided.

The Indian Prime Minister **Narendra Modi**, while pushing 1.3 billion **Indians into a strict lockdown** at a notice of a mere four hours, had said, “This is the time to be patient...(You) should think about doctors, nurses, paramedical staff and pathologists who are working day and night in the hospitals to save every life.” Modi specifically urged the people to “Think about and pray for the wellbeing of those who are doing their duty even at the risk of contracting the disease.” Similar things were said by most of the world leaders. In India as well in many other nations, doctors were feted with flowers, bouquets and garlands.

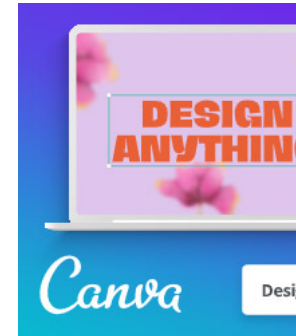
During the so-called ‘first wave’ of Covid, it was repeatedly stressed that doctors were dying in large numbers due to Covid; that Covid was a lethal contagious disease and that any steps, no matter how inhuman and harsh, to control it was valid and justified. Doctors and other prominent persons getting infected was cited as incontrovertible proof of the horrific nature of the disease and the necessity of lockdowns.



Doctors, too, did everything they could to present themselves as Covid warriors and ‘Yuyutsus’ (a character of the epic *Mahabharata* who took the side of the right). Doctors whether they were dentists or gastroenterologists enthusiastically jumped into debates on any issue related to the pandemic as if they were omniscient and were equipped with deep knowledge about everything ranging from sociology to

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क्या वास्तव में महिलाएं उस समाज में सुरक्षित हैं जहां हम महिलाओं को सशक्त कहते हैं? सवाल करती है फिल्म ‘नानू कुसुमा’

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political science to ethics. They answered all queries. And whosoever posed questions that were not in conformity with the 'toolkit' of the World Health Organization (WHO), American Centre for Disease Control and Indian Council of Medical Research (ICMR) was branded as anti-science and incapable of asking the right questions. They rejected the views of all those who were not trained in medical colleges. On the other hand, they supported every word of technocrat businessmen like Bill Gates.

गुलामी बनी रहे!

Now that it has been proved that lockdowns – which were termed as genuinely scientific by Bill Gates, who had also lobbied hard for getting countries locked – were a disproportionate response **which consumed more lives than they saved**, isn't it logical to ask whether the doctors were lying. Were they under pressure? Were they lured? Were these members of the middle classes the part of a global conspiracy?

The answer to most of these questions is an emphatic 'no'. But it can hardly help us understand the role of the doctors in Covid times. Instead of hunting for answers to these objective questions, we should look at the subjective processes which go into the making of the present-day doctors.

'Pure doctor' is an erroneous concept

The history of the human race developing **faith in doctors** is the history of knowledge-building by them and is at least 2,500 years old. It began in ancient Greece, about 450 years before Christ, with Aristotle (469–399 BC). Known as the father of biology, besides being a doctor, Aristotle was also a philosopher, political scientist, logician, ethicist and connoisseur of the arts.

For a long time, a doctor was supposed to have these qualities, too. For instance, if, besides a scholar of biology, a doctor was also a philosopher, he would be able to

comprehend the meaning of life and the inevitability of death in the correct perspective. It was also believed that he should also have an understanding of logic and politics and an artistic bent of mind so that he can see physical ailments in their entirety.

Many great doctors were also writers and thinkers. Hippocrates (406–375 BC), Galen (130-210 AD), Maimonides (1138-1204 AD), Paracelsus (1493-1541 AD) and Andreas Vesalius (1514-1564) have systematically recorded their experiences and methodology in their writings.



In fact, Greek doctor, surgeon and philosopher Galen’s foremost treatise is titled, “The Best Doctor is Also a philosopher”.

But things changed substantially in the coming centuries. As Voltaire (1694-1778) declared way back in the 18th century, “Doctors are men who prescribe medicines, of

which they know little; to cure diseases, of which they know less; in human beings, of whom they know nothing”.

The doctors, who studied medicine in the 20th and the 21st centuries, see humans in parts. Of course, there are many sensitive doctors who have a deep philosophical interest in human life. But the healers being churned out by our medical colleges these days are not comprehensive ‘health workers’ because they know only about medicines, surgery etc and that too related to a very limited area. Today a good doctor is the one who has very deep knowledge but only about a particular part or system of the body.

Nowadays, no doctor is expected to be a complete doctor. He is only expected to know about the diseases of specific organs or processes like eyes, nose, teeth, bones, skin, heart, obstetrics, kidney etc and how to treat them. The branches of medical science are getting more and more specialized.

But despite this downfall, doctors still occupy a pride of place in the system of governance of various nations in the world.

In India and in other nations, the opinion of a doctor about a person under treatment is considered incontrovertible and sacrosanct – whether it is the question of sanctioning medical leave, condoning absence from a court hearing or determining the cause of a person’s death.

It has been the responsibility and the right of the doctors to decide the modalities for the treatment of their patients. But doctors have been systematically deprived of this right. During the Covid-19 pandemic, their autonomy was drastically curtailed, leaving them with almost no rights. The world had to pay a heavy price for the doctors losing their comprehensive vision and those wanting to bring the world under their sway took full advantage of it.

What happened during Covid

Most people think that it is the doctors who decide whether or not a person is suffering from Covid-19 and if a patient dies, it is they who decide whether Covid was the cause of death or was the death caused by some other disease. That is why; if someone says that he is a doctor or that there are doctors in his family, we almost automatically accept and believe what he says.

But things are very different in the case of Covid. In the gargantuan medical business, spawning Big Pharma, philanthropic organizations, lobbyists, Tech Giants and policy-formulation committees, the doctor is just a go-between, a cog in the wheel, who has poor knowledge of the nitty-gritty of the business.

The tests that are used to determine whether one is Covid-positive or not are thoroughly unreliable but the doctors have been deprived of the right to question them. If they do, disciplinary action (including sending them to jail) can be taken against them under the epidemic control laws in India and in many other countries. In several countries, **such doctors have been jailed**.

Doctors are no more than rubber stamps in the process of determining whether a death was due to Covid. A special code developed by the WHO is being used in India and elsewhere for this purpose. Only the symptoms of the patients and the results of their test reports are to be filled in this code. It is the code which decides which disease has to be attributed as the main reason for the death. If anyone's Covid test report is positive, his death would be counted as a Covid death no matter what may have been the reason for his death. Things do not stop here. If a Covid test was not run on a patient or if his report was vague or negative but if he had any of the symptoms associated with Covid like cough, cold, difficulty in breathing etc; then his death would be counted as a Covid death.

Now, suppose a 75-year-old man reaches a doctor's clinic in May 2020. The doctor has been treating this gentleman for asthma for years. He also has heart ailments. For the past some days, he is having cough and fever. He is also having difficulty breathing and his asthma has worsened. He suddenly complains of chest pain to his family members who, apprehending that he is getting a heart attack, bring him to the doctor, somehow averting the lockdown restrictions. Under the Covid protocol, the doctor cannot begin his treatment immediately. He would have first have to run a Covid test on him. The doctor would refer him to another hospital from where he would be sent to a third place for Covid test. Now, until the report is in, the patient has to be kept under observation. No one will touch him, no one will treat him. Suppose the patient dies before the report comes in. The doctor knows that heart attack has caused the death and is confident that a postmortem examination would reveal the same. But he is required to fill in the details in a stipulated format. There are clear instructions that if the patient was having symptoms like cough, fever and breathing problems, then Covid-19 has to be recorded as the underlying cause of death. And information about Covid death should reach the headquarters within six hours in the stipulated format. The info is used to update the software. And information about yet another death due to Covid reaches us via the WHO servers.

Even if the Covid report of the patient had been positive, heart attack and delay in treatment would have been the main reasons for his death. Asthma, too, had a role in it. Covid directly was not responsible for the death. Covid was a co-morbidity, which should have been counted among the half-a-dozen other co-morbidities of the 75-year-old man, including an old unhealed wound in the feet and urinary tract infection. But even if the doctor or the family of the patient wanted, the suspected Covid patient could not have been subjected to a postmortem examination. That is because the SOP mandates that postmortem should not be generally conducted in cases of death due to Covid.

At the root of this statistical chaos are the special guidelines issued by the WHO regarding attributing Covid as the cause for death. These guidelines say that if a person with Covid-like symptoms dies, his death should be registered as a Covid death, irrespective of whether his test report was positive or negative. At the same time, cold, cough, heart disease, asthma, skin diseases and a host of other ailments have been included in the list of symptoms of Covid. (In fact, except cancer and renal failure, there are only a few symptoms which are not linked with Covid).

Not only that. If a person has no symptoms of Covid and his test report is negative, still his death has to be attributed to Covid on the basis of epidemiological history – that he was living in an area where Covid was widespread or that there was suspicion that he had come in contact with a person who had fever or any other symptom of Covid. It doesn't matter even if the report of the latter was negative. Similarly, in case of unclaimed bodies, it is to be presumed that the deaths were due to Covid.

Methodology of data collection

It is essential to understand how finely nuanced this game of fudging data is and how all countries, bound by the WHO rules, have become its victims. Science says that the death of a person is caused by more than one reasons. Diseases that afflict humans generally start a chain of other ailments with one disease giving rise to another. In some cases, these diseases are related to one another while in other cases, they might be unrelated. That makes picking one disease as the reason for the death of a person a difficult job. In the past, doctors, depending on their knowledge and experience, used to name any one of these diseases as the reason for death. This led to confusion and for want of a global standard, made the comparison of the incidence of diseases in various countries impossible. Efforts to prepare a comprehensive format for this purpose began in the 18th century. It was in 1893 that the International Statistical Institute, for the first time, approved a format that was based on the one developed by French statistician Jacques Bertillon. Later, it

came to be known as 'International List of Causes of Death' and finally 'International Classification of Diseases (ICD)'. Changes in the manner of classification of diseases were made from time to time. After the founding of the WHO in 1948, this format got global recognition. The WHO made many changes in the format in keeping with the times in the 1980s and 1990s. Now, this list is known as "International Classification of Diseases' (ICD: 10) Here '10 stands for the 10th amendment made in the list, which came into force in 2015.

All countries, including India, use ICD:10 with some country-specific guidelines. Under this international system for the classification of diseases, the disease that sets off the train of other diseases leading to death is considered the cause of death. For instance, the Indian rules say, "A cause of death is disease, abnormality, injury or poisoning that contributed directly or indirectly to death. Death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other; or they may be casually related to each other, that is, one condition may lead to another, which in turn leads to a third condition and so on. Where there is a sequence, the underlying cause, i.e., the disease or injury which initiated the sequence of events will get selected for the purpose of tabulation. The underlying cause of death is: (a) The disease or injury which initiated the train of morbid events leading directly to death; or (b) The circumstances of the accident or violence which produced the fatal injury"

The rules in different countries are in keeping with ICD: 10. What they imply in simple terms is that the initial disease, which gave birth to other diseases that led to the death, is recorded as the main (underlying) cause of death. This is logical, natural and proper.

But immediately after designating Covid as a pandemic, the WHO convened an emergency meeting and **added** two new special codes U07.1 and U07.2 for Covid to

the ICD. Code U07.1 is for cases in which Covid-19 virus is identified while U07.2 is about cases in which virus has not been found. In such cases, the deaths have to be recorded as clinically-epidemiologically diagnosed, probable or suspected due to Covid-19.

Due to the addition of the new codes to the classification of reasons for deaths, in all the countries Covid began to be recorded as the main reason for deaths – this when in most of the cases, Covid was contracted by a person already suffering from many dangerous diseases and Covid was not directly responsible for the deaths. Under the earlier system, Covid would, at the most, been recorded as a co-morbidity.

Due to this change in the system of classification of deaths, there was an exponential jump in the number of case where Covid-19 was mentioned as the reason for the death. This was a fraud, which assumed global proportions due the changes in the WHO rules. It created an unprecedented mayhem and legitimized the use of draconian and illogical means for controlling and treating it and justified the conspiracies hatched by big corporations. I have elaborated on these changes in the code [in another article](#) of mine.

Courses in medicine do not train the students to critically analyze the vested interests and the motives that drive the methodology for collection and compilation of data and international politics.

At the most, the doctors are taught to fill in the forms with the help of supplied codes and use the various software packages. As has been mentioned earlier, raising questions on these methodologies is out of their jurisdiction and at the practical level they may have to face disciplinary action if they raise such questions.

In the imaginary case of death due to Covid mentioned above, the doctor will only issue a death certificate under his seal to the family of the deceased. This is his legal

responsibility as also the maximum he can do.

The fact is that in most of the cases, driven by fear, we are paying tributes to our loved ones, presuming that they have died of Covid whereas the SOP and negligence in treatment is the real cause for their deaths. Cases of death due to Covid are negligible.

Covid is not a fatal disease and in most of the cases our body can fight against it and defeat it. It is the man-made chaos that has made it fatal.

Doctors: The first scapegoats

In the beginning of 2020, flower petals were showered from the skies on the health workers and the title of 'Covid warriors' was conferred on them. Besides boosting their morale, this was also the outcome of seeing them as scapegoats. They were glorified. But that did not mean that their opinion would be given more weight amid the grim scenario born out of the pandemic or that they would be given more importance in policy-making. Doctors were thrashed by cops in India and in many other countries for drawing attention to the mismanagement in hospitals. Their salaries were not paid and their vital needs were ignored. In several countries, doctors launched campaigns against lockdowns. Such doctors were stigmatized and as has been stated earlier, in many nations, cases were registered against them from questioning the treatment protocols and the methodology of collection, compilation and collation of data.

During the pandemic, many of them had to work for longer hours. Many of them lost their income while in many cases their income was drastically reduced. At many places, **private practice was banned**. Private clinics and hospitals were closed and teaching and learning of medicine came to a standstill. This pushed many in the health sector into deep mental distress.

To get an idea about how stressful, and even fatal, can working amid a new, scary and highly contagious disease be, a brief reference to Medical Students' Disease would be in order. This disease is also known as 'Second Year Syndrome' or 'Interns Syndrome'. Psychiatry refers to it by different names and classifies it into many types. As is evident by its name, this disease strikes medical students when they come in contact with patients of various deadly diseases. They start feeling that they are also suffering from the diseases about which they studying, especially after meeting the patients of such diseases. The syndrome is so powerful that the body starts mimicking the symptoms of the diseases. This disease doesn't afflict only medical students but also persons who keep on thinking and conversing about diseases. Such persons are called hypochondriacs. This extreme stress also contributed to the burgeoning number of the so-called deaths due to Covid among doctors and middle-class people.

Protocol for treatment of Covid

In this second part of the article, we would try to shed light on medical aspects of the death of doctors due to Covid which are generally not discussed.

Let me begin with the incident of the death of a doctor – one of the first such deaths in the country – about which I have a bit of personal knowledge. These days I am living in the northeastern region of the country. In Guwahati, the largest city in this region, there is a famous hospital called “Pratiksha”. It is known for its expertise in treating women and children and for its sensitive behaviour with patients and their kin.

Dr Utpaljit Barman, 44, was a committed and hardworking senior anaesthesiologist at the hospital. He always emphasized on team work. Since the announcement of national lockdown by Prime Minister Narendra Modi on 22 March, 2020 he was not going to the hospital and like other doctors was trying to protect himself from Corona by following suggestions from authoritative official sources. On 22 March,

the Indian Council of Medical Research (ICMR) cleared the use of hydroxychloroquine as prophylactic (preventive) medication for Covid 19 and it was made a part of the protocol to be followed by all health workers deployed at Covid care centres. The protocol said that hydroxychloroquine has been found effective against coronavirus in laboratory studies and it should be taken in prescribed dosage by all healthcare workers involved in the care of suspected or confirmed cases of Covid-19. The ICMR also said that the medicine should be taken by the asymptomatic members of the households of Covid patients.

As per the directives of the ICMR, adherence to this protocol became mandatory. And it was not limited to health facilities where Covid patients were admitted but it was seen as a surefire way to prevent Covid and as such, medical personnel who were deployed at non-Covid centres also began using it. After all, from the protocol it was clear that the medicine could be used as a preventive by any one.

Dr Barman was not working at a Covid centre but during the course of his work, he had to come into contact with people who could have been afflicted with Covid. The protocols for prevention and treatment of Covid said that every person, even one's own family members, should be seen as potential carriers of Covid and social-physical distance should be maintained from them.

Thus, Dr Barman started on hydroxychloroquine. As per the protocol, he took two doses of 400 mg each on the first day. He was to take the drug in prescribed quantity with meals once a week for the next seven weeks. But he started feeling unwell after taking the first dose. He felt tightness in the chest and intermittent sharp jabs of pain in the chest, back, jaws and other parts of the upper body. He could not sleep due to the discomfort. Amid the anxiety, he sent a WhatsApp message to his friends saying, "Hydroxychloroquine is not good as a prophylactic. There are many issues with it. I think I am having some problem after taking it."

DR Barman was a patient of hypertension. The next week, as soon as he took the next dose of hydroxychloroquine, he felt as if his breathing had stopped and he got soaked in sweat. His body could not tolerate hydroxychloroquine and **he died** on 29 March 2020.

His **doctor friends and family members**, who knew him closely, said that hydroxychloroquine was responsible for his death, after which this became a social media talking point in northeastern India. Soon, 'official sources' got active and issued a statement to the media saying that hydroxychloroquine had nothing to do with Dr Barman's death. The 'official sources' also told media that while heart attack was being cited as the reason for the death of the doctor, he, in fact, had died of Myocardial Infarction. These statements were carried by **newspapers published from northeast India** and also found their way into the national media. This was an example of how 'official sources' use technical jargon to mislead the people. The fact is that Myocardial Infarction is just the **medical** term for heart attack. What is described as Myocardial Infarction in medical terms has always been referred to as heart attack in common parlance. How hollow and laughable the claims made in these statements were, is evident by the fact that **autopsy was not performed on the body of Dr Barman**. It is clear that claiming that the so-called Myocardial Infarction and not hydroxychloroquine was responsible for the death of Dr Barman without a postmortem examination was nothing short of a conscious effort to hush-up the matter. Over the last one year, several cases of hiding or suppressing facts related to deaths due to wrong treatment of Covid have come to light. Hydroxychloroquine (HCQ) is used for the treatment of malaria. After the advent of Covid, its trials were conducted on doctors, health workers and those infected with Covid (whether or not they had symptoms) in many countries and these trials are continuing even now.

Dr Barman was not the sole victim of **hydroxychloroquine**. In this period, trials of hydroxychloroquine and many other drugs were conducted on doctors and other

health workers, cocking a snook at the rules and ethics. Protocols were developed for them in India and in other countries and health workers were asked to take these medicines compulsorily.

Even a cursory analysis of the cases of death of doctors or health workers due to Covid shows that most of them became victims of (immoral) trial of drugs. HCQ is still being administered to infected patients and their family members. It is still the **most important component of the protocol** laid down for the treatment of Covid patients in India.

This is the same drug which **Donald Trump**, the then President of the USA, had termed as a 'game changer'. Indian companies are the biggest manufacturer of this drug in the world. During the first wave of Covid, India tried to stop the export of the drug. However, Trump threatened that if India went ahead with its plan, it should be ready for the consequences. After Trump's threat, India, unwilling to get involved in an unnecessary dispute, **revoked the export ban**.

But the hydroxychloroquine controversy was not limited to this spat between India and Trump. The kind of charges and countercharges related to this drug during the Covid pandemic amply demonstrate that for the forces which hoped to benefit by its growing demand, human lives were just numbers.

After a group of Brazilian researchers found in a study that hydroxychloroquine increases mortality among Covid patients, they were **threatened with death**.

A study done in France using very small sample size concluded that this medicine is very beneficial for the Covid patients. This study was given lots of publicity. But when a Chicago-based company called Surgisphere used a much bigger sample for a study that proved that hydroxychloroquine was causing the death of Covid patients, a big ruckus was created and ultimately the **research paper was retracted**. Which forces lobbied for this? Not only that, as more evidence came to the fore, even the

World Health Organization admitted that hydroxychloroquine wasn't benefitting Covid patients and sought **discontinuance of its trial**. Despite that, it is still being used in India and many other countries.

Why is this trial continuing? Is it part of a cruel decision to make doctors and commoners scapegoats for changing the world, for the **great reset**. Or else!

It is because the drug is manufactured in India and is 'cheap'? Is some Indian lobby working in its favour?

Who will be the gainers of this game? Which are the forces that see this macabre dance of death as a godsend for implementing their policies?

To end this article in the run-of-the-mill manner, one can say that many questions remain unanswered and the quest for their answers should continue. But the fact is that neither investigative journalism nor any research is going to answer these questions. The answers are already there, they always were. And we all know them. We know which forces are trying to suppress the answers and change them. We all know the forces that are trying to trap us into questions that would put us in the dock. These forces are growing more inhuman and more lethal by the day and our nation-states are looking like pygmies before them.

We don't need to find answers. We need to answer them back. We need to give them an earful. And for that, we need to resist them jointly. And doctors will have a role in this joint protest. When this protest would begin is something only time will tell.