

How doctors are killing their own profession

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Before the COVID-19 pandemic started spreading, antibiotic resistance was turning minor infections into life-threatening emergencies. In USA, the number of people dying with the superbugs escalated to three million people in four years. I did not talk about viruses in my publication "Superbug Pandemic and how to prevent them, (1) knowing viruses come and go, but infections that follow and kill are a hundred times higher than the ones killed by viruses. Unfortunately, not many doctors gave any importance to my message and continued to abuse antibiotics and encouraged people to use sensitizers during this pandemic. They also cleaned empty hospitals using strong chemical and fumigate streets and shopping centers. This callous attitude has now helped superbugs get stronger, firmly establish in healthcare centers and hospitals in a short time. This will be resulting in a major threat to patients getting admitted to hospitals for tests, investigations, minor or major surgery during the post-COVID-19 era.

The CDC calls antibiotic resistance one among its top public health concerns, killing tens of thousands within the U.S. and more than 700,000 people worldwide each year. Reports from the United Nations predict that by 2050, 10 million people will die from antibiotic-resistant bacterial infections annually. Unfortunately, the pandemic was handled, so badly that there is not much anyone can do to reverse the damage or stop the crisis. In the hospitals and surgeries, we now have two pandemics, moving forward in tandem, because treatment resistance infections are going on at the same time. This will push the multidrug resistance problem and making pandemic worse. But with the onset of the coronavirus, health care professionals become desperate to stave off secondary bacterial infections that often occur when patients are in hospitals for long periods of time. The lack of effective treatments for COVID also prompted many providers to prescribe antibiotics during a last-ditch effort to save lots of their lives, even when there was no detectable bacterial infection for the drugs to fight.

The more exposure to antibiotics bacteria gets, the quicker it can evolve to beat the drugs commonly wont to treat it. Once it becomes immune to common antibiotics, health care providers have limited options. By using "Dexamethasone", we are suppressing inflammation and so helping bacteria spread faster killing more people. And that means something as seemingly minor as a urinary tract infection, cuts and bruises can turn deadly. The average COVID-19 patient is within the hospital for a minimum of every week, and lots of finding yourself on ventilators, exponentially upping their chances of developing a secondary bacterial infection on top of the coronavirus. Preliminary reports from China are assuming that about half of the patients who die from COVID-19 had secondary infections. There is no doubt that there are more infections occurring in hospitals that are bacterial-based resulting in increases in antibiotic use, which is going to be a major problem worsening the antibiotic resistance problem we already have.

Even before the pandemic, I have been blunt and ruthless to highlight the problem in my article "The Elephant in the Doctors Room" (2), did anyone care? I have urged health care providers to offer immunity to

doctors who do not prescribe antibiotics, but doctors were not protected. One senior in Urgent Care Centre, who went through my notes, breaching the "Caldicot Principle" (3), sent me an email because I do not record the temperature of patients. He thinks temperature will help me diagnose "Sepsis" and so is important "Safety Net". I have seen hundreds of children with sepsis, and never seen one with high or very high temperature but always cold. I cannot blame the doctors but the blame the system that forces them to follow "Protocols and Guidelines", created using outdated papers and publications.

Patients who should have been diagnosed early with antibiotics were not and the ones who did not require treatment were treated. Working as a locum doctor in the last couple of years, I have seen patients, young and old managed bad, resulting in complications. A simple test like using dipstick with high false-positive and negative used to diagnose urine infections, temperature to diagnose infections including sepsis and not giving importance to the story of the illness as the patient lived and experienced (4) to help diagnose and offer treatment using doctor's knowledge and experience. The WMA Tokyo declaration clearly states "A physician must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's major role is to reduce the misery of their kindred populace, and no rationale, regardless of whether individual, aggregate or political, will beat this higher purpose."(5)

I know how this institution has made a mockery of our ethics, treat doctors with contempt and harassed, humiliate, and do all they can to ostracize them. More than four hundred doctors did not kill themselves (6) because they were crazy, but sheer desperation. It looks as if doctors working in the NHS have now lost their "Free will" and succumb to accept what people in power dictate. Knowing what happens to doctors who defend their ethics and patient care, I do not have the right to criticize or defend members of my own profession. The NHS is probably spending more taxpayer's money to pay solicitors and councils to stop doctors like me share information in the interest of humanity than on patient care. The National Health Service (The NHS), hailed as a great institution, claiming it has "Saved Lives" in the last 72 years, continue to offer sub-standard, un-ethical medical care. I am sure people who survive will remember how this pandemic was poorly managed resulting in a major crisis that ripped apart families and bankrupted nations.

REFERENCE

- 1.Srivatsa KM; Superbug Pandemic and how to prevent them, American Interest, Jan 2017.
- 2.Srivatsa KM. Elephant in the doctors room. Archives of Infect Diseases & Therapy, 2018, Vol 2
- 3.Srivatsa KM; Preprinted Assessment sheet. QCJ (BMJ) 1996
- 4.The Caldicott Principles; <http://www.powysthb.wales.nhs.uk/caldicott-principles>
- 5.Tokyo declaration; WMA:
- 6.Top GP issues mental health warning as 400 doctors die by suicide, Pulse 2018
- 7.Pandemic could make drug resistance epidemic worse <https://news.uga.edu/pandemic-could-make-drug-resistance-epidemic-worse/>