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“Disruptive Influences”

Three cheers to Dr. Eugene F. Diamond!¹ His courage, his dedication, and his willingness to put his career at risk for the sake of patients made for a hair-raising and illuminating account of the inner workings of one large health center.

When I became the victim of a label-then-kill “witch hunt” in my hospital, it was Dr. Lawrence Huntoon who reached out to me (through my attorney) to let me know that I was not alone. Since that time, I have learned a great deal about how the “disruptive physician” method is used regularly and with virtual impunity by hospitals for their selfish agendas against physicians. The targeted physicians are those who: advocate too often or too vociferously for patient well-being; are economic competitors; antagonize, question, or undermine the existing power structure; or cast their hospitals in an unfavorable light, expose the hospitals’ flaws publicly, or engender political and personal animosity with the hospital.

In placing patient welfare above the interests of physicians and the hospital, a physician engages in a game of virtual Russian roulette. And once a physician has been forced to turn in his keys, ID badge, and parking card, and has been escorted off the hospital property, there is little remedy available. It is a lonely and scary position to be in.

The fiduciary relationship with our patients requires that we always choose what is best for the patient *instead* of what is best for ourselves or for our hospitals. To do otherwise is immoral, unethical, and unprofessional. Dr. Diamond is truly heroic to have done the right thing despite the potential personal and professional consequences.

Gen. Emiliano Zapata was right to say: “I’d rather die on my feet than live on my knees.”

Thank you, Dr. Diamond and Dr. Huntoon for your courage and support, and for revealing the truth about sham peer review.

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¹ Diamond EF. Confessions of a “disruptive influence.” *J Am Phys Surg* 2008;13:91-92.

Proof by Re-challenge

Varicella vaccine puts millions of children and adults at risk of adverse reactions when we already have a simple, inexpensive, effective treatment for the comparatively few who contract shingles.

The Journal published classic re-challenge *proof* of efficacy of shingles treatment with intravenous vitamin C.¹ Such a modality, if widely adopted, could save substantial sums of money being imprudently expended on mass worldwide vaccination campaigns, as well as the ongoing medical burdens of chronic effects of adverse vaccine reactions.

It is not strictly necessary to do as the article suggests. The abstract claims that “efficacy could be proved in a double-blind crossover study with as few as 20 subjects.” A single well-documented case of re-challenge is proof of efficacy,² and the foregoing paper provides two such cases.¹

For scientific purists, replication of the study in one patient followed by publication would suffice. For proof of efficacy in diverse subjects, a trial could be carried out. Such a trial would assist in assessing the extent of adverse reactions to such a treatment, albeit unlikely to occur, as the author points out. Searches of the existing formal literature may reveal other studies supporting interventions of similar nature, for the same or other conditions.

The paper also helps support any medical practitioner accused of malpractice for adopting such a modality. If any members of AAPS have similar results with other patients, they should be encouraged to write in with details for publication by letter, to increase the evidence base for efficacy and safety of the treatment.

While conventional wisdom says there is no treatment for severe measles, current care regimens for such patients, including anti-biotics, put them at risk of death. The existing literature supports vitamins A and C as effective treatments for measles. The World Health Organization currently distributes and supports the use of vitamin A for infectious disease control in the Third World.

The medical profession has a duty to investigate and adopt wider use of such simple, inexpensive modalities. Such treatments work with and support the human body’s sophisticated innate protection mechanisms.

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¹ Orient JM. Treating *Herpes zoster* with vitamin C: two case reports. *J Am Phys Surg* 2006;11:26-27.

² Miller DW Jr, Miller CG. On evidence, medical and legal. *J Am Phys Surg* 2005;10:70-71.