

# Why Won't Doctors Innovate?

Analysis by [A Midwestern Doctor](#)

October 28, 2023

## STORY AT-A-GLANCE

- › Medicine is very good at dealing with certain issues (e.g., life-threatening injuries), but struggles with many others (e.g., the chronic illnesses)
- › Patients with challenging illnesses often become extremely frustrated with the medical system because doctors cannot think outside of their box to come up with what the patient needs. This is largely due to: 1) Medicine being extremely close-minded to new ideas. 2) Medical training not emphasizing the use of critical thinking or creativity to help patients. 3) The existing economic incentives existing rewarding doctors who follow the narrative and punishing those who dissent from it
- › Understanding the belief systems which prevents doctors from innovating is critical for being able to find the right doctor to work with

Throughout my medical career, I've known far too many struggling patients who have seen numerous doctors without getting any answers over what's wrong with them. In many cases, once I meet the patient, it's immediately apparent what the underlying issue is, while for many others, with some digging we can eventually figure the issue out.

This is understandably an extremely unpleasant (and often quite costly) experience for patients to go through, so I've spent decades thinking about why the medical system consistently fails these patients – especially since many of the doctors they see are extremely intelligent (and by many metrics far smarter than me).

One of the few positive things that has come out of COVID-19 is that it has brought the public's attention to this longstanding issue since so many people have been injured by

the vaccines and for the most part medicine simply can't help them.

## **A Challenging Patient**

I recently worked with a patient who I believe illustrates many of the difficulties doctors face when they are confronted with patients for whom they do not know what to do. Prior to seeing me, this patient had seen 32 other doctors (of which only one helped) and had had almost 100 tests or procedures done (for which their insurance had been billed over three hundred thousand dollars), most which came out as normal.

Since everything was “normal,” only a few of the doctors could tell something was wrong and believed my patient was injured by the vaccine, but even then, the few doctor who genuinely tried to help were not sure what to do and often quite scared to state anything critical of the vaccine (due to the political climate at the time).

Ultimately, they felt only 1 of those 32 doctors (an integrative physician) had done anything to help them, and even after seeing that doctor, the patient's condition still continued to worsen as they had consistently had a poor response to most of the therapies that had been given to them (although a few treatments did help significantly).

At the time I saw the patient, they had dozens of debilitating symptoms and were understandably distressed by their prognosis and what type of life they could expect to live.

**Note:** *Patients in this situation understandably have an increased suicide risk, and I know of vaccine injured individuals (e.g., a colleague's patient) who eventually chose to end their life.*

In short, this was a fairly overwhelming scenario for any clinician to deal with as it would be:

- Difficult to know where to start
- Nerve wracking to take responsibility for any of those symptoms worsening (which was quite likely to happen regardless of what was done)

- Very challenging to emotionally connect with (as the patient's suffering was immense)

As they began to share their story, it immediately jumped out to me that most of their symptoms were likely being caused by:

- An exacerbation of an untreated injury caused by two surgeries they'd received a few years before the vaccine **that required neural therapy**.
- Being trapped **in the cell danger response**.
- **A systemic reduction in the zeta potential** of the body causing significant fluid stagnation throughout it.
- Significant blood flow obstruction in a few key arteries (e.g., the iliac vein).
- Years of unresolved emotional trauma their system could no longer compensate for **that now needed to be released**.

**Note:** *All of the above are common issues I and colleagues see in COVID-19 vaccine injured patients.*

Because I felt there was a significant emotional component to this illness (e.g., it seemed like a key issue was them never having a voice to express what they were going through), the very first decision I made was to devote a lot of the first visit to simply listening to them, as while I felt it was unlikely the rest of what they shared would change my approach, I thought feeling heard would make whatever was done for them much more likely to work.

I then put a plan together with the appropriate interventions (or referrals to someone who could provide them) for each of their key issues alongside targeted treatments for the individual symptoms that remained. While that patient is not yet fully recovered (their case was quite severe) they are in a much better place now and gradually reclaiming the life they thought they could never have again.

As we consider this story, we then must ask ... why weren't any of the other doctors able to recognize what I saw?

## Faith in Medicine

Years ago, I asked a teacher what he felt was the most harmful myth that had been propagated in our society, and he immediately said:

*“That better technology (and science) will solve all our problems ... in the ‘future.’”*

**Note:** *You don't need to watch most of the above video. A brief part of it is sufficient to illustrate how the future was romanticized in the 1950s.*

His reasoning was that the promised salvation never arrives, and instead we are always taught to tolerate the abysmal circumstances presently existing in return for the promise everything will get better **later** (and often invest our society's resources into realizing that never-to-arrive future).

This is particularly insidious because in many cases the technology we need already exists but is being kept off the market so people can keep on making money off the current paradigm (and conversely the technology being marketed through this utopian vision is often quite awful).

For instance, do any of you remember the “Better Living Through Chemistry” marketing campaign by Dupont which was used to justify flooding our environment with toxic chemicals we are still suffering from to this day?

**Note:** *As best as I can tell, the idea of technology being our salvation emerged in America after World War II, due to the rapid changes that occurred around that time (e.g., the quality of life was radically different from what had been seen during the Great Depression, technology rapidly advanced, and we became the leading economy because our infrastructure was the only advanced one not bombed during the war).*

*This myth was incredibly effective and has become deeply ingrained into the consciousness of our society. For example, the baby boomers grew up during what was known as the golden age of pharmacology, where many new “miraculous” drugs were being discovered (but whose side effects were not yet known).*

*That idea of a coming golden age in medicine was widely promoted in the popular media and I believe this is why many of that generation still hold an unshakable faith in Western medicine regardless of how it fails them.*

In effect, science and our form of medicine have become the foundational mythologies much of our society revolves around. Because of this, a wide array of incentives exist for conforming to its paradigm (e.g., social status, lavish financial compensations, extensive support from the existing laws, and the multitudes of patients who are also invested in that mythology). Conversely, many subtle and overt mechanisms are in place to prevent people from straying from it.

Likewise, the societal mythology that all medical issues will be solved by better technology (e.g., advances in medical research) is a widely held belief throughout the medical field. As a result, doctors typically trust new medical innovations, particularly those promoted by prestigious medical journals far more than they should (e.g., consider the almost religious faith we saw from many towards the [still experimental] mRNA vaccines).

**Note:** *Barring extenuating circumstances, my rule has always been to avoid using a pharmaceutical until it has been on the market for at least 7 years, as this is typically how long it takes to get a general idea of its risks and benefits.*

## **Identifying as a Physician**

Whenever I meet patients who have had severe reactions to pharmaceutical medications I often hear the same story.

They had a bad feeling about the pharmaceutical which injured them and had been reluctant to take it, but nonetheless chose to ignore that feeling because their doctor relentlessly pressured them to take it. In turn, one of their greatest regrets was ignoring the voice which told them to not to take it – which sadly has been a very common story which the most recent “miracle” of science, the disastrous COVID vaccines.

**Note:** What follows is a summary of [an article](#) which was my best attempt to explain why doctors push unsafe therapies of patients.

For years I was perplexed by this dynamic. If I tell a patient to do something I think they need to do and they don't want to, I warn them of the consequences of that action, treat them as an adult and then move on. Yet, with many doctors, if the patient does not want to do what the doctor suggests, something gets set off inside the doctor and the patient refusing to follow their orders really gets to them.

Initially I looked at the more benign answers like money (e.g., surgeons often make a lot of money from each surgery they do, so they are often financially motivated to convince the patient to agree to a not necessarily beneficial surgery).

Yet, while I found profiting off a procedure frequently made doctors more likely to promote it (which in turn is a common tactic used to incentivize doctors to prescribe things – for instance [insurance companies provide large bonuses](#) if you vaccinate most of your patients), I saw many cases where the doctor was strongly compelled to push a therapy onto a patient which the doctor did not make any money off of.

Eventually, I realized that a patient refusing to comply directly threatened a doctor's identity, and that many of the reactions I saw from doctors towards non-compliant patients mirrored what I'd seen done by countless other groups when their identity was threatened. Consider for a moment that the practice of medicine is based on the following beliefs:

- Science has “conquered” illness, and scientific medicine is our salvation from disease.
- The currently used medical therapies (e.g., drugs and vaccines) are the pinnacle of all human knowledge and thus the one true way to conquer illness, whereas everything else is “non-scientific” and “anecdotal.”

**Note:** Since the toolbox of “scientific” therapies is quite limited, doctors are essentially forced to chose between endorsing (often dangerous) drugs or being

*unable to practice their craft.*

- Doctors represent the pinnacle of society. They are expected to know everything about medicine and that expectation is continually projected onto them. This often makes it very difficult for them to admit they don't know something or that their approach may not be the correct one for a patient.

Then consider how much work it takes to become a doctor: hundreds of thousands of dollars in education expenses, over ten years of highly competitive schooling (which requires forfeiting much of what their peers get to enjoy as young adults), and years of long hours in a hospital where they get very little sleep.

This creates an enormous psychological investment in the identity (which everyone is telling them represents the pinnacle of society) and conversely makes doctors hostile to anything which challenges the value of their training (e.g., a patient's refusal to use a "scientific" medicine or a patient curing an illness with an "unscientific" medicine).

**Note:** *One of the common stories I hear from recently red-pilled physicians is disbelief over the fact they were able to cure an incurable illnesses (e.g., [with a systemic regenerative therapy](#)) and that after the cured patient reported their cure to the other doctors, those doctors had no interest in learning how the patient got well.*

## **Filters in Medicine**

One of the largest problems each of us faces in life is how to make sense of all the information around us, especially since the modern age is now exposing us to an overwhelming amount of it (which I and many others believe exceeds what our species originally evolved to handle).

The typical approach human beings use to cope with this is to subconsciously filter out most of that information and instead only see a small fragment of reality (which is typically what conforms to the individual's existing biases).

**Note:** *A more detailed review of how perceptual filters shape our reality can be found [here](#).*

The curious thing about this phenomenon is that even when it should be clear their filter is failing, they won't let it go.

For example, after Trump was elected, I spoke with a left-wing doctor who hysterically told everyone at our conference that Trump was planning to round up every Black citizen in America and deport them to Africa – and when I saw them a year later, I still could not convince them this was not going to happen as regardless of what I said, they always were able to produce some type of evidence to show the mass deportation was right around the corner.

Medicine is frequently referred to as being both an art and a science, as the complexity of a human being (e.g., the variation in both how a disease will present and how each patient will respond to the same treatment) makes it impossible to have a one size fits all approach to practicing medicine. This in turn requires having “filters” through which you perceive the complexity of the patient, and depending upon the filter that is used, very different “arts of medicine” are practiced.

In many cases, those filters are not correct (e.g., consider how my “filter” was able to recognize what the previously mentioned patient needed, whereas the ones used by dozens of others doctors could not). Doctors for instance often cannot see something unless they have been trained to see it.

Yet, despite case after case where it should be clear the current filter does not meet the needs of the patient, the doctor typically will refuse to let go of their filter – something I believe is both due the inherent difficulty we have letting go of our filters and how deeply Western medicine invests doctors in the filters it trains them to use for the rest of their careers (which as you might expect are rarely designed to help a doctor recognize a pharmaceutical injury).

**Note:** *One of the major challenges with complex illnesses is that the same disease can have very different symptoms depending on the person – and that many of those symptoms often overlap with ones seen in other illnesses. Since the classical diagnostic framework doctors are trained in associates specific symptoms with a specific disease*

which then gets a specific drug, that framework is incompatible with many complex illnesses (e.g., COVID-19 vaccine injuries).

## Awake Doctors

Throughout my life, I have noticed that some people are able to see what no one else can see and are willing to question unstated assumptions everyone else marches in lockstep with.

This in turn leads to them not falling for the scams everyone else does and them often being incredibly successful, but despite that happening over and over, everyone else refuses to break away from the crowd and think differently. As a result, “awake” individuals always comprise a very small share of the population.

**Note:** Numerous experiments like [the Asch experiment](#) have shown that the majority of people will choose to believe what others around them believe even if it is clearly at odds with reality.

For much of my life, I’ve tried to track down the most gifted physicians in the country and study under them. Without exception, I’ve found they tended to embody many of the same “awake” characteristics I’d previously seen awake individuals in many other fields also demonstrate. Then as I got to know the prominent dissidents against the COVID narrative (both doctors and non-doctors), I discovered [they too shared those traits](#).

**Note:** Those characteristics are discussed further in [this article](#).

One of the major things that differentiates “awake” individuals from everyone else is their tendency to use different perceptual filters and often far fewer filters than anyone else. At this point, I believe that difference is the result of three interrelated factors:

- They have a presence of mind that can maintain a coherent awareness of a large body of information (e.g., subtle nuances or contradictory data points) and a mind that does not reflexively withdraw when it is exposed to a volume of information which exceeds what it can comfortably process.

- A perceptual aptitude (e.g., being highly intuitive) that causes their attention to be drawn to details in their environment others filter out.
- A general feeling that something is missing from the current reality (i.e., that life that feels empty) and a sense that what's missing is there if they really look for it (leading them to search far and wide for it).

One common experience I have (which mirrors what many others I've spoken to experienced) helps to illustrate these ideas. Frequently when I observe a challenging problem (e.g., how to help a patient), I will notice that nothing within the current paradigm provides a satisfactory answer to me.

At this point, many of the unquestioned assumptions about the problem (e.g., you can't do this or you have to do this) lose their solidity and become transparent or amorphous. My mind then allows itself to become free and I see the problem from a completely different angle.

**Note:** *The best analogy I can think of to describe this perceptual shift is imagining you had lived for years within a two-dimensional reality and then suddenly became unshackled by gravity and were able to see everything from above within the third dimension.*

When these characteristics are translated into common psychological traits, I frequently observe the following:

- An interest in history as this provides an aid for breaking out of the current rigid paradigm. For example, knowing the history of medicine makes it possible to recognize the egregious errors the entire medical profession has made in the past (and may be making now) or recognizing how critically important innovations were overlooked in the past.
- A tendency to prioritize "doing what is right" over "doing what you are supposed to do" or protecting their identity as a physician.
- The courage to break from the crowd and suffer the consequences doing so entails.

- A willingness to admit one “does not know” when queried by a patient – something which is a natural consequence of allowing yourself to have a broader picture of reality as that inevitably shows you just how little you actually know. This is critically important, because any type of innovation first requires you to admit what you currently know is not enough to solve the problem at hand.

**Note:** *One of the things I am always struck by is patients sharing that I am the first doctor who has ever told them “I don’t know” and shared my thought process of how we can try to answer their question rather than being like a typical doctor and immediately committing myself to a definitive answer to the question they posed to me.*

*Initially this perplexed me as admitting the limits of your knowledge is extremely well received by patients, takes away much of the pressure on the physician to be perfect and provides you with a safe space to find a satisfactory answer for the patient – all of which physicians should be strongly incentivized to do.*

*Over time, I realized that admitting you don’t know something is often very difficult for human beings, particularly for doctors as so many expectations of perfection are projected onto them it is often almost impossible for them to acknowledge much of their identity is a façade.*

*This in my eyes helps to explain why during my residency I would see my co-residents arbitrarily assert things to patients I knew they had no basis for being able to claim (in other words they were making things up in order to look like they knew what they were talking about).*

## **Critical Thinking and Education**

One of the central conflicts which has existed in every human civilization has been if it is better to help what currently exists create the best possible circumstances that could emerge from it (which is also known as working in harmony with nature) or to try and externally control what happens (e.g., by dominating nature) in order to achieve a desired outcome.

In turn, my own belief is that many of the debacles we have faced throughout the course of history resulted from misguided attempts to control a natural process, and that unfortunately, despite this continually backfiring, there will always be human beings who can't let go of their need for control and will repeat the mistakes of their predecessors.

For example, it should have been apparent to anyone that ending COVID-19 with a vaccine was an exercise in futility (especially if the vaccine had a single antigen to a rapidly mutating part of the virus), as all this would do **would be to promote the evolution of variants the vaccine did not cover.**

Furthermore, since the vaccine targeted the bloodstream rather than the nasopharynx's mucosa (where transmission of SARS-CoV-2 occurs), **it could not prevent transmission of the virus** and thus the spreading of new variants.

Similarly, the lockdowns we enacted during COVID made no sense as (**assuming they actually worked**), the absolute best they could do would be to briefly delay the spread of COVID-19 in the population. Conversely, the lockdowns had a massive cost to society, and hence could not be justified unless there was a large and definitive benefit to them – **whereas in reality they benefitted no one.**

These issues should have been immediately apparent at the time, yet very few questioned what was happening, and authorities around the world chose to enact these measures with increasingly forceful methods (e.g., mandates, censorship and targeting those who dissented). Simultaneously, the scientific community marched in lockstep with our healthcare authorities, even when it was clear those policies were doing the opposite of what had been intended.

I would argue the inability for most to recognize the immense issues with these approaches was reflective of our society's loss of critical thinking in education and particularly within medicine.

Currently, rather than teaching students to question everything and creatively look at a problem from multiple angles, they are taught to defer to authorities, and that

“intelligence” is a product of how effectively they can mimic an authority (e.g., by repeating an argument or executing an algorithm).

Similarly, throughout their medical training, medical students face strong penalties if they do not mirror their supervisors, and thus they rarely question if what they are doing makes sense.

Oddly, I’ve talked to deans of medical schools who have remarked that one of the greatest concerns residency directors have is the decline in critical thinking of the current medical school graduates – yet I’ve seen many of these same people actively reprimand young doctors who demonstrated critical thinking by sometimes thinking differently.

In short, because of this systemic lack of critical thinking, the “intelligent” choice for many was to parrot what the prestigious healthcare authorities put forward throughout the pandemic rather than to view everything with a healthy degree of skepticism.

**Note:** *One of the best explanations I’ve seen for how we got to this point comes from [Ivan Illich](#), a gifted polymath who in the 1970s accurately predicted much of how the world would unfold in the decades to come. One of his central beliefs was that our institutions could either enable human beings to utilize their innate capacity, or be manipulative ones which tried to control society and have everything function in the manner its socialist designers wanted.*

**Illich** *strongly believed in the natural capacity of human beings to learn, innovate and figure things out as he had seen the human spirit prove itself time and time again.*

*Yet, he predicted that as society became increasingly technologically sophisticated, there would be a greater and greater push to algorithmically micromanage every detail of society due to the belief humans could not be trusted to correctly turn the increasingly complex gears of society. This I believe encapsulates what has happened in medicine.*

*In the relentless push to ensure care is optimized and errors are avoided, physicians have been forced to adopt innumerable regimens and guidelines, which prevent them engaging*

*in the art of medicine – which is often what is necessary to cure patients.*

## **Incentives in Medicine**

A central dogma of economics is that economic incentives will consistently have a large influence on human behavior – for example Walmart and Amazon have had a devastating effect on local economies and destroyed much of the independent retail sector; but despite knowing that supporting these companies was costing many people in the community their jobs, they could not stop supporting those companies because they needed the lower prices that were offered.

Within the medical field, a lot of financial incentives have been established to ensure that doctors practice the way the system wants them to. For example, in certain specialties (e.g., pediatrics) it's almost impossible to sustain a medical practice unless you push vaccines, and a variety of financial incentives have been created to encourage doctors to vaccinate as many patients as possible (e.g., doctors lose large bonuses if too many of their patients don't want to vaccinate).

**Note:** *Veterinary practices also depend upon vaccine sales.*

When I've looked at all of the incentives doctors are subject to, like every other thing in society I've found that I agree with some of them (e.g., hospitals lose money if hospitalized patients develop infections at a rate above the national average) and like the previously mentioned vaccine example, disagree with others.

However, what I find most noteworthy about the existing economic incentives in medicine is that virtually all of them support following the existing medical consensus – which becomes a problem when that consensus clearly does not serve patients. For instance, **Fauci abused his position** to push through horrendous COVID treatment guidelines (no early treatment except Tylenol, toxic remdesivir in the hospital, and quickly moving to ventilate a patient).

**This corrupt protocol** in turn played a large part in why the USA had such a high death count from COVID-19 and many doctors could see that once their patients went through

it. However, while physicians who followed Fauci's protocol faced no consequences for all the patients who died, whenever physicians tried to use alternative approaches to treat COVID-19, they were heavily penalized for doing so.

This was at least in part because the hospitals were financially incentivized to utilize Fauci's protocol (**it paid up to approximately 50,000 per patient**) whereas much of that money would have disappeared were an alternative protocol to have been used which quickly got the patient out of the hospital or saved their life.

As a result, the physicians who prioritized the lives of their patients were targeted by hospital administrators (e.g., Paul Marik, one of the most respected experts in critical care medicine **lost his ability to practice to medicine**).

This culminated in the sad situation where patients found themselves having to sue the hospital holding a loved one, as a court order was often the only thing that could override the economic incentives the hospitals had to not save those patients.

Despite suing hospitals **being one of the most successful medical interventions in history** (80 lawsuits were filed to provide ivermectin to hospitalized COVID patients and in the 40 that succeeded, 38 survived whereas in the 40 cases where ivermectin was denied, 2 survived translating to a 5% vs. 95% death rate) – there was no interest in exploring alternative COVID treatments and instead hospitals eventually banded together to end any further lawsuits which threatened their bottom line.

Sadly this issue was not limited to ivermectin. To this day, I still remember many of the arguments I heard of patients and healthcare workers pleading with doctors to consider something outside the treatment protocols (e.g., just vitamin D) for patients who were otherwise expected to die and those doctors nonetheless refusing to consider it.

**Note:** *The medical profession has always been extremely hostile those who dissident from the narrative and often takes decades if not centuries to correct a horrendously bad practice.*

**One of the most well-known cases** involved a doctor who realized doctors were killing many of the women they delivered babies from because they refused to disinfect their hands after dissecting corpses and that doctor received immense hostility from his peers (e.g., they took offense at him insisting they were unclean) which eventually led to them committing him to an asylum where he was beaten to death.

More recently, the **private** organization that holds the power to decide if doctors can work in hospitals (and hence frequently extorts them) **decided to revoke its certifications** from many of the prominent doctors who dissented against the COVID narrative. A more detailed account of how medicine has targeted doctors who innovate can be found [here](#).

## Empowering Beliefs

In the same way the filters we carry shape our reality, the unquestioned beliefs we carry also do so (in part by creating the filters we see the world through). One point the self-help community has emphasized is that many of the beliefs we carry harm us, and thus that those disempowering beliefs (e.g., “I’m always a victim,” “life isn’t fair,” or “I have no control over what happens to me”) should be replaced with beliefs that empower us. Some of the core beliefs I now hold include:

The purpose of my life is to experience being fully alive, to cultivate my spirit, to learn what I can about the nature of reality, and to help others.

---

The world being imperfect and unfair makes it possible for each experience in life to be an opportunity to cultivate my spirit. Likewise, the more something makes me want to shut down, the more I grow if I am able to resist that urge and instead remain open.

---

If I want to grow, I need to genuinely take responsibility for my own actions, my own innovations, and my own mistakes. Similarly, if I choose to do something, I should make an effort to do it as well as I can.

---

It’s important to do things in moderation rather than always trying to live up to an ideal of perfection; moderation ultimately makes it possible to do much more as it can be

sustained indefinitely.

---

There is always a hidden side to things I can't yet see, so discovering I am wrong about something I had held a deep conviction in means my spirit is evolving.

---

Very few things are absolute; everything exists on a gradient.

---

Within medicine, in order to maintain the status quo of ineffective treatments being pushed on patients while simultaneously attacking and ridiculing each unorthodox innovation or competing therapy, a rather dysfunctional set of disempowering beliefs needs to be in place. These include:

As a doctor, because of the investment it takes to become a doctor and the social status society attaches to it, you **deserve** to be paid a lot of money.

***Note:** This belief makes doctors prioritize payments over patients and thus causes them to be significantly more influenced by economic incentives.*

---

Science, **done by other people**, should be relied upon to determine what constitutes the best medical practice for your patient because science is the definitive arbiter of the truth.

***Note:** A wide variety of incentives exist within the scientific research apparatus to only study "safe" subjects as challenging a prevailing narrative or commercial interest often destroys careers – which helps to explain why scientific innovation has largely stagnated in America (discussed further [here](#)).*

---

If the current standard of care provides an unsatisfactory outcome for your patient, that outcome must be accepted because it is the best that science can provide.

---

You should take pride in copying the work of others (e.g., prescribing a medication you were told would help a patient, or teaching medical students in exactly the same way you were taught by your supervising doctor).

**Note:** *This goes a long way towards alleviating the discomfort doctors would otherwise feel from practicing a standardized medical approach that provides unsatisfactory results for their patients.*

---

Anyone violating the current medical consensus is unscientific and potentially putting patients at risk.

---

If a scientific mechanism does not exist to explain an observation, that observation is deemed to be false – something used to label many effective alternative therapies or spiritual facets of medicine as “pseudoscience.”

**Note:** *This line of reasoning ignores the fact that many long believed scientific mechanisms were later proven false (e.g., [the widely held belief that depression is due to a serotonin deficiency that needs antidepressants](#)).*

---

The relationships between the body, mind and spirit should be ignored except when considering the placebo effect and psychosomatic illnesses. Anything else is unscientific and should be delegated to a psychiatrist.

**Note:** *Dismissing this facet of medicine is extremely consequential because it disconnects the doctor from their patient, and thereby takes away much of the ability to recognize if what is being done to the patient actually makes sense. Likewise, the limited time doctors spend with patients also makes it much harder for that needed connection to form.*

---

## **Connecting With Patients**

Most of the awake physicians I know held some of empowering beliefs I listed above prior to entering medicine and then adopted more and more of them as they began to see many of the conventional model's shortcomings. For instance, despite science denying it, the more you allow yourself to be present to a patient, the more clear it becomes that the spirit plays a huge role in the art of medicine.

In turn, I frequently find physicians who tend to dissent from existing narratives are more spiritually attuned and that their perception often blossoms the more they practice medicine.

This is important, because frequently the thing that allows doctors to recognize their current medical paradigm is incorrect is the doctor becoming aware of exactly what is happening to their patients as they undergo “treatment” – a realization which is often only possible if you are actually connected to your patient.

**Note:** *In the same way recognizing the body-mind-spirit relationship in a patient makes it much easier to connect with them, having time to freely explore their condition also does as well. Unfortunately, in the same way science rejects these broader aspects of the human experience, the current medical system also greatly limits how much time a patient can spend with a doctor (which makes it quite difficult for a therapeutic connection to naturally emerge).*

Therapeutic dosing helps to illustrate many of these concepts. Each patient is different, and as a result, they often respond to the same treatment quite differently. Because of this, one of the most important things you can do as a physician is to determine **what the appropriate dose of any therapy is for a patient** – but unfortunately doctors are rarely trained on how to do this.

Instead, doctors are provided with doses produced from weighted averages that are designed to strike the best balance between the risk and reward of a drug for the average member of the population.

This approach is necessary for a standardized medical system to function (e.g., one where each doctor memorizes and then repeatedly applies a specific treatment protocol for each of the typical illnesses a patient will present with), but often completely fails for the more sensitive patients who lie outside that average.

The integrative doctors I know who get the best results clinically all put a lot of thought into the exact doses they give their patients, and in many cases, their recognition

different patients needed different doses came from the connection to their patients showing the doctor that the current dose was not correct.

Similarly, in many cases, their ability to determine the correct dosage for each patient was a product of doctor's ability to connect with the more subtle aspects of those patients (e.g., [with muscle testing](#)).

**Note:** *I believe choosing the correct dosage is one of the most important forgotten sides of medicine. That subject and tools that are commonly used for determining it (e.g., [muscle testing](#)) are discussed further [here](#).*

## Conclusion

*"If the only tool you have is a hammer, you tend to see every problem as a nail."*

This famous quote is frequently shared with me by patients who go through the medical system after they observe most of the doctors they see (including those practicing integrative medicine) has a very limited therapeutic toolbox and will rarely stray outside it, irrespective of if it benefits the patient.

This in turn argues that a major reason doctors don't innovate is the same reason why people rarely leave the herd – humans often have a strong resistance to going outside their comfort zone.

However, while that is definitely applicable to the question at hand, I believe the primary reason why doctors do not innovate is because they are not provided with incentives to do so. Instead, one must have a unique set of motivations which make you prioritize your patients over any economic incentive provided to you.

For instance, many of the prominent COVID dissidents stated that their spiritual faith was the most important thing to them in life, and by the rules of their faith they could not turn a blind eye to what was happening during the pandemic – even if they had to suffer for doing so.

Since the primary purpose of medicine more and more has become to sell as many billable services as possible, the incentives to practice the art of medicine and cure patients have reciprocally declined. Nonetheless, while the current state of medicine is quite depressing, COVID-19 has made me quite hopeful things are at last moving in a positive direction.

This is because (especially due to COVID) many of the participants in the system are getting fed up with it. The general doctors for example are being progressively more overworked to meet the quotas of their corporate employers, being paid less to do so, and having to surrender their autonomy to those employers.

Likewise, more and more patients are getting fed up with the conventional medical paradigm (since it does not work for chronic illnesses) and are no longer satisfied with a doctor “addressing” their issue by prescribing pills to them.

Because of this, I am seeing more and more doctors go into the alternative medical field (e.g., into functional medicine) and have eager patients looking for them who are willing to pay for that medical care (thereby creating a new set of economic incentives). For this reason, whenever medical students ask me for career advice, my answers are almost always:

- Pick an area to practice in (e.g., a medical speciality) that you are genuinely interested in. If you focus on how much it pays, you will inevitably become an unhappy and burned out doctor that regrets going into medicine.
- Focus on being able to do things that genuinely help your patients. As long as you can do that, you will never need to worry about your economic livelihood and you will have the freedom to practice medicine the way you want to.

I hope this article was able to provide something valuable to you and I thank you for reading it – it’s something I’d wanted to write about for a long time. I try to read all of the comments that are left here, so if you would like to share any of your thoughts on this (either here or [on my Substack](#)) please do.

## **A Note From Dr. Mercola About the Author**

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.