The Hidden Problems With Modern Healthcare Transcript

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Opening on vaccine ethics and medical reasoning

We went through a situation where government employers mandated this experimental mRNA vaccine. And it's something that people don't even like to talk about.

I think you all remember, because it was only five or six years ago, that the world kind of went crazy. Billions of people were experimented upon. So even that thought experiment raises some serious questions.

What were people not holding simultaneously? That it safe and effective? This is a pandemic that would kill everybody? What happened to the ability to reason objectively?

Hi everybody, this is Dr. Ed Park and today I'd like to do an improvised discussion about ethics generally, medical ethics specifically, and discuss my graphic novel which was written about 16 years ago and brings up a lot of real-life futurist events that are coming.

So without further ado, let's talk about my morning. I received a phone call from a patient who was very emotional and she said, I have this problem and you have to save my life.

You're the only one that can do it. And exosomes is the thing that will help me. She began to cry and give me a medical summary of her history and to cut to the chase.

I was impressed by her understanding and moved to help her. Now, this brings up an interesting question. She lives in a state, one of the six I don't practice in, I asked, can you travel?

And she said, i'm not even well enough to travel. I, she says I sleep only one to two hours at night, energy, all my mitochondria is true. The history and the specifics of that are not important, but she attributes it to antioxidants and PQQ, which she was taking after benzodiazepine side effect.

Which I didn't know after Googling it, apparently benzodiazepines withdrawal can cause this syndrome. mitochondria dysfunctional brain issues. So long story short, we're in a situation where can we help her?

Maybe can she afford it? No, she has $40 in her bank account. She has three kids and she is afraid she will die because she sleeps one to two hours at night and is really in bad shape.

Putting that on hold, let's talk about issues, Let's Talk About Ethics. You can get in a car and drive around this country and Colorado doesn't ask you for another driver's license.

Patient call and access to care challenges

But because of the legacy of medical board system, you have to apply for 50 medical licenses to practice medicine and they all have their fees and their specific CME requirements.

Let's just put that aside as hashtag it is what it. So. That's one interesting thing. Now I have a patient, we talked about his mom who had a serious what she believes to be COVID reaction because she got a vaccine and then soon after had arthritis everywhere.

So we treated that with some exosomes and for some reason she better. She asked me, do you know what my son does? Because he makes a lot of money, he has real estate, maybe he's a broker in real state.

And I said, no, I don't actually know what he does. Later that day I visited his colleague who was worried about the UnitedHealthcare assassination allegedly.

And I found out that what they do is they software to allow hospitals to charge 100 times what the paid for a bag of saline. Maybe it was eight bucks, they charged 800 bucks.

Which is why hundreds of thousands of people go medically bankrupt in the US. The US being one of only 32 countries, I guess the only one in The World Cup that doesn't have some kind of universal healthcare, even North American country to our south, just enabled universal health care.

So what does that mean? It means that capitalism works. They can submit a bill and no one's ever issued a resolution to Congress saying normal working families only have to pay two times what Medicare would pay.

No, you get hit with a million dollar bill for something that in South Korea, even as a foreigner without insurance, might cost you 19,000 for a surgery and a seven day hospitalization.

So let's talk about ethics. A couple days ago I started watching a Korean drama. Korean dramas are notoriously and well deservedly addictive. This one was called Dr.

X. And actually, which I've never seen, reiterated simultaneously in Japanese apparently, so they're getting more savvy. But Dr X, the premise is she is a capable surgeon, slightly on the autistic spectrum.

who is multiple boarded in neurosurgery and surgery and tells people to their face what she thinks of their moral failings. And actually to the lay person watching this, her diatribe might seem a little exaggerated, but we'll take a short detour illustrating that in fact it is not.

I saw a meme or infographic last week said that most trusted professions and still number one is medical doctors. So I guess good news, bad news. One of the inadvertent things I think about COVID was that people started to lose faith in the medical establishment generally and doctors specifically, which I thing is not a bad thing.

So let's talk about Dr. X's arguments. If we look at the foundations of medical ethics, there are four things. Autonomy, which is informed consent, like the patient should give consent.

Understand to some degree what they're risking and what their benefiting. Number two is beneficence. You're wanting to do good, right? Not harm people intentionally.

Three is non-malphesence, Which means primum non nocere, Right? Above all, don't do harm. And finally justice, right? Like, so the poor person shouldn't get bumped off the list for the rich person, for an organ for example.

So these are all the bedrocks. Do they get violated? Sure. You know, I'm not here to say I am some sort of arbiter of morality, because if we're really being honest, ethics is completely subjective, but yet there are certain principles we must abide by, all right.

In general, where is the best way to make What is the best way to make an ethical decision? Number one, the golden rule, treat people the way you want to be treated, right?

So number two, is it okay to Make money?

Medical licensing, pricing, and healthcare inequality

You know, if we talk about this, you know the majority of people people say while you go into medicine for A lot of people choose medicine because they want a stable upper middle class to upper class living, right?

So this self-selects for people that are not social workers. They're not end of life care people. You know, they wanna make a profit. And certainly it's not wrong to make profit if you are sustainable and helping people in the long run.

I've been taking improv classes for about a year. And a lot of the people are kind of in this end stage, late stage

capitalism malaise, 26 to 35 years old.

They're faced with the fact that, hey, I can't afford to have kids. I cannot afford not to even have a roommate. And they blame capitalism. But if you look at capitalism, it seems to be the best way to incentivize people to work hard.

No one ever flees to Venezuela or to Cuba to a better life. So this sort of idea among the less experienced people of America is that somehow capitalism is the problem.

If we look at the demographics, you know, I blogged about this Kyoto professor who talked about cloning humans because this is now possible to make the desired sperm and egg, superhuman, Superman, 10,000 copies.

yada yata, and she did a survey and I'll attach the blog about that. But this is real technology, right? So if we talk about this, what is the ethics of not having a mom and dad?

Is it better, is it worse, or is just different? I don't know, but it's here. And like in my comic book, a lot of things that I speculated about 16 years ago, they're here, such as brain-computer interface, pet cloning, I know somebody who cloned his cat, Human cloning arguably has been here and consciousness transfer.

Even last week's podcast about entheogens, it turns out that the dissociative drugs Plus the brain-computer interface are how the mad scientist experiments on transferring his consciousness to his kids.

He's got to kind of scramble the etch-a-sketch while he insinuates his engrams or whatever. It's speculative fiction, but I just saw that Neuralink had somebody speaking 70 words through a brain computer interface.

So perhaps that is coming. I also saw about four months ago another of the things I speculated, which was here you'll see clones. You can get your bespoke clone.

And I don't know if they read my work, but it's a pretty intuitive leap really to have no organ mismatch, right? The major histocompatibility organ rejection.

You can just have a lobotomized clone in a bath and someday when you need a kidney, instead of taking someone else's kidney and needing immune suppressants, you just get your unconscious or barely conscious clone and harvest them.

So again, Future tech, but yet not. One thing that has been around for 19 years, because I've been taking it, is a telomeres activator. And I believe it's helped keep my hair black and reading glasses gone.

But anyway, people will disagree about that. So, let's cycle back. one step to Dr. X. So she goes in to initial conference, and the conference was the head of the department who said, I'm going to do my famous surgery, like this open surgery to remove the gallbladder.

And this autistic young surgeon, she walks up and says, i disagree. This is malpractice. Well, didn't say that, but it's increased risk with no benefit.

Everyone gasped because everyone knew the hierarchy. But indeed, this calls to mind one of my very first nights training at the Beth Israel Hospital in Boston.

I was an intern and someone very high up, let's say in the department, wanted to do a surgery. And I'm an inter and I've just been through a couple of years of rotation, maybe six weeks of OB-GYN.

They somehow put me in with this head honcho. I'm doing the surgery and not knowing anything, I said, isn't that bleeding? And as Dr. X pointed out, you doctors just grovel and watch out for authority, reputation.

You don't necessarily put yourself out there. So even that to say I think it's still bleeding. There was an artery that was nicked and it was bleeding, but not in every position.

Medical ethics and the Dr. X comparison

I pointed that out and the big administrative world famous guy said, it's fine, what do you know, you just started here. And so I shut up and we went out, and within 10 minutes the blood pressure was dropping, the heart rate was going up, then one of the doctors kind of leaned over and said to the chief resident, oh, this guy hasn't done a lot of surgery, maybe there was a problem.

And you know, an hour later, after many transfusions, the woman had to have her uterus removed in an emergency surgery and all's well that did not end well.

I mean, you can spin it how you like. The patient might not know better, but that was an avoidable consequence. So another vignette in Dr. X is that there is a person who works 10 years in the ER or is an EMT and he falls unconscious and the video camera footage of them trying to help him is leaked and it's not leaked by the people we think it is.

And there's a big hullabaloo, there was a lawsuit. ruled that there was no malpractice, but within and behind the scenes, they discuss the fact that, there is no neurosurgeon on call in this tertiary care center.

One was on vacation, he took another extra day and he said, I'm a human after all, and of course Dr. X being the socially Inept person said, well, aren't patients humans too?

Like we have a responsibility. Doesn't matter what the budget is to have an neurosurgeon on duty. So does this happen? Most certainly. When we were students, it was before, I think her name was Libby Zion died.

They would have us do 36 hour shifts. I mean, Level of care was very good, but yet it could have been better if they were signing off. But it was viewed as part of the Parris Island sort of hazing, you know?

You have to be able to survive on no sleep, no rest, fuzzy memory. So that was sort part and parcel of our training. So I think it would concern people to know there are a lot of people who are not great surgeons.

They might have wonderful personalities and be charming, but surgery is a whole other skill set and nor should it be. You know, I remember I was in private practice and I wasn't practicing and assisting a doctor who was a little older.

And I said, oh, you know this is not the way that we were trained, which is fine. And he said, I've been doing it like this for 25 years, meaning just be quiet.

But it was clearly such a horrible surgical technique. And yet it is what it, is people live with their biases, they die by their bias. So let's shift a bit now to a different narrative.

What is right and wrong? You know, again, back to the improv comedy, they spend about 10 minutes talking about microaggressions and right and wrong. And in it, embedded in that system is the suggestion that there are certain people that are more victimized than others, which I don't disagree with.

And people who identify as certain groups will have more Victimhood and they will present themselves and joke about it and whatever. I'm not going to name specifics because that would trigger, but I find it really funny that there's a hidden architecture of victimhood.

People with certain appearances or certain accents can do other people without having it be a microaggression. For example, a South Asian woman doing a country bumpkin or whatever, white guy doing German accent.

But anyway, so we, as Dr. Warder mentioned last week, there is an othering that occurs, right? And his epiphany was that taking psychedelics tells you that nobody is separate.

Your identity is largely constructed. So there no other. But then even you ask GROK or AI, they know that humans

operate on a 51% contingency, which is that my life is worth 51%, yours is 49. And indeed the backstory of, spoiler alert because no one will ever read it, is the mad scientist actually cloned himself twice and then after the zygote he replaced the mitochondria ironically from this morning's call with a non-human mitochondrion.

So as many of you probably don't know, the signal to cause cell suicide is mitigated through the mitocondria. The telomere miracle, the cells check their chromosome numbers before dividing and they kill themselves.

How do they do that? Mainly by poking holes in the mitochondria which releases battery acid and melts it from the inside like the wicked witch of the west.

but there is a species-level specificity. So the scientist puts half, which is just right, and then the first one with too much protozoan mitochondria ages too fast.

Anyway, just science fiction, but I'm sure some bright person will experiment with it soon. And speaking of pre-implantation genetics like the Japanese Bonafide Japanese experiment.

We even have a Xi Jinping coming out this week and promulgating, as they do in some of these countries, the scientific achievement of the CCP. What really happened was this Dr.

Deng, who I talk about in the blog below, he figured out a way to use induced pluripotency to create pancreatic beta cells, and now China is flexing their diabetic moonshot saying they can cure anyone of diabetes I.

Cloning, biotech futures, and speculative science

Well, number one, the logistics and the economics of that don't work, but it's a flex. Like literally, if anybody had to land on the moon, this is like China saying, well, we did it.

We landed on a moon. So anyway, medical ethics. The question is, how, Number one informed consent. Can people really be informed? I mean, I think the most incisive question, is what would you do Dr.

Park if it was your mom? And that makes sense. Cause there is no right or wrong. There's no guaranteed outcome one way or the other. So I make sure that people understand these are the possible risks with my opinion of their likelihood.

These are possible benefits with opinion up their likely hood and you know then the money aside it's like this is something that. You know, you can walk the whole walk.

If it gets 50% better, are you going to call me a scammer like I had one guy in Hawaii? Or are going say I just need to do it again like the other guy from Florida?

So, Are you prepared for a long haul? It might be better. It may not be a one and done if we do exosome therapy for example. So I think the point of bringing up improv is that People protect, like they protect their identity.

I am this, I'm that. Like this kind of person. And I don't like that kind person, romantically, sexually. You know, and I have one patient who's a physician, medical doctor.

He very convincingly, not that it's performative for me, but lives life as a man when he started out as woman. I have no judgment on that whatsoever. I mean, if we're being honest, Morrissey's right from the Smiths.

Meat is murder. Why is non-human consciousness edible and certain animals are less edible? You know, really makes very little sense from 10,000 feet, right?

We had in the first improv class, one of my colleagues smashed a cockroach and I said, well, it wasn't a butterfly. And nobody really grok what I was saying.

There's an aesthetic criterion for murdering insects, So, yeah, I am not somebody sitting here with the ultimate opinion on what's right or wrong. I mean, we were trained in pregnancy termination.

It took a lot of sexual histories. In fact, during the time I was training, a guy named, John Salvey shot up a Planned Parenthood in Boston. And I came to work one day and there were two marshals with Glocks on their hips to protect me.

As a young person, you know, marched on Washington for abortion rights. As I talk about in the book, I went to El Salvador to teach about IUDs because that was falsely believed to be an abortifacient there, and so I spent four or five days training them there.

During that time, someone slipped me some records of postpartum deaths. Well, okay, why are you doing that? So I looked at them, they were like 20 to 30 young women between 15 and 19 who died.

And without fail, each one of them was second trimester pregnant. So why is that? Because they went to somebody before the first trimester and they attempted a back alley abortion.

They got septic and the died. So, you know, my mentor at the School of Public Health Columbia, he founded or not founded, maybe he did found, but they gifted the IUDs to countries like Brazil and Mexico.

It was very much an advocate of women's reproductive rights in all senses. And yeah, so he, He was kind of the background that I was working with as an OBGYN.

But anyway, fast forward. We look at a world now, and I'll just pay one last hat to my struggling Gen Z friends who hate capitalism. If we look at countries with like, you know, replacement rates that are very high, those are countries without child labor laws, right?

If you can tell your kids go to work and they, by default, believe you, can make money and monetize the kids. But the country with the lowest birth rate is South Korea,.72 replacement.

So what does that mean? That means, well, number two was Japan, also very low. You can buy a house for a penny out in the middle of the countryside in Japan because there's implosion of the population.

So what is the part of this equation which we're missing? Well, South Korea just tried to mitigate. Japan might try to bioengineer its way out of it with cloning humans.

But South Korean said, hey, let's give affordable housing and benefits and stipends and even bribe people to have kids. Unfortunately, in a capitalist system, money talks, right?

The thing that the missing piece of, let's say, US culture is shame, right?

Autonomy, informed consent, and ethical gray areas

We extol and idolize people because in American semiotics, as Clotard Rapay taught us many years ago, an anthropologist, he said that in America, Money equals proof, right?

He said, well, in his French, he said the difference between cheese and in Europe, cheese is alive. In America, it's dead. It's frozen. But he was quite right.

So show me the money, show the proof. Right? So if you create a system like this, what does it mean? It means that Someone, and Elon Musk was mentioned by Dr.

Warder, someone is praised for the presumed value they bring to society if they're rich. And they receive a different sort of level of judgment. Not everyone is immune to that, especially those at the bottom.

I just voted yesterday, I won't say how I voted, on the billionaire attacks in California. Actually, it was by Bernie Sanders, wasn't it? Someone who is not without his own sin in terms of grifting on this system.

So, certainly we live in a world where wealth is unequally distributed, but I think more importantly, justice is on unequal distributed. If someone is a whistleblower and then dies mysteriously after saying they're not suicidal, the silence is deafening on the investigative reporting depending on who is signing your paycheck.

And we won't go too deeply into what's going on these days, but let's just say when you control the levers of society and everything is for profit, then there is a certain loss of a professional ethics sum.

I'll never forget one of my patients. Well, I'm not going to say it, but he was a whistleblower at a nuclear lab and he pointed out some unsafe practices.

But it's, you know, one in 10,000 people that will sacrifice their own livelihood in order to improve the system. And that really is where they get you.

You're part of the systems. If you're sitting there fudging your data, I write about and nobody really cares to know, but there was a very famous case of somebody who forged all their data and the company that purchased his product found out and demanded their money back.

So that is a thing. I only knew about it because one of his junior execs, she couldn't have been more than 28, said, ah, we just make up all our data at an event in Vegas while she was a little tipsy.

So I think it's important to realize that the New England Journal of Medicine Marcia Engel even said she estimates half of the scientific literature is fudged or semi-bogus.

This is what we're talking about. So when you go back, I hesitate to follow the thread as to whether I was a quack when I looking through the AI. I just was looking at something this morning and said, oh Ed Park has unproven modalities and claims this and that.

That's fine. I don't claim that exosomes cure long COVID. I just share cases in which people did seem to get better. But again, I go to these conferences and people are like, you are such a scumbag for doing this.

Like, how dare you? But yet none of them can articulate a reason why it wouldn't work because they also publish myriads of articles proving that human exostomes and mice do miraculous things.

So that's what we're talking about. The butter has to be applied on some side of the bread, and the system is not set up for beneficence. It's not setup for justice.

And it is set-up for non-malfeasance, but there are times that we don't even watch that. You know, I was just reviewing. I didn't actually know all 10 items of Nuremberg code, But apparently eight of them were clearly violated by these vaccine mandates.

In other words, the safety was not established. Quite the contrary, they tried to bury it for 75 years. And organizations, even like my own American College of OB-GYN, took like three million dollars to promulgate to unborn children through their pregnant mothers, which is very unprecedented.

And, you know, there are people, I'll tell you a story about a lady I talked to a couple years ago. She said her daughter at age two or three got a vaccine and then was different, no eye contact.

At 17, she can type. and write and respond in beautiful essays of prose and even poetry, but she can't talk. And she will say to you with complete seriousness, I know vaccines are safe and reliable.

I guess she'll say, oh, it happened like a week after the vaccine. So, and this is true with our good friend Armin Nikugoshin. You know, he doesn't say vaccines are the root of all evil.

He doesn' call for vaccine bans, but at the same time he's able to hold that two opposing ideas in his mind that they could have, in this instance, hurt his son.

So why do we? go back to the F. Scott Fitzgerald who said, the mark of a truly gifted or formidable mind is to hold two things present at the same time without going crazy.

Because it feels like yesterday, it was six years ago, that we went through a situation where government employers mandated this experimental mRNA vaccine.

COVID mandates, fear, and scientific obedience

And it's something that people don't even like to talk about when I go to these exosome conferences. But it was an artificial exasome of an artificially bubble vector.

Inside of it, it wasn't artificial, similar to the native spike protein, but not exactly. So many don' t know that mRNA had been around. Moderna had be around for at least nine years trying to do mRNA and not succeeding.

The idea of vaccination for COVID had been around for a long time in dogs, and it had not succeeded. In fact, the joke pre-COVID used to be that they'll cure everything but the common cold because the cold is so pervasive it mutates.

Before COVID, 20% of our common coals, but not limited to flus like influenza, rhinovirus, adenovirus miscellaneous others. It was a very common thing to get.

But I think you all remember, because it was only five or six years ago, that the world kind of went crazy and billions of people were experimented upon.

Even though I have yet to meet the immunologists or scientists that can articulate how your immune system will know that spike protein expressed on your cells, by your cell, as a direct intended result of this treatment, how your immune system would know when it was good and when was bad.

So even that thought experiment raises some serious questions. What were people not holding simultaneously? That it's safe and effective? This is a pandemic that would kill everybody?

What happened to the ability to reason objectively? Well, what happened was fear. There's these parts of the brain which get deactivated by the enthesians that we talked about last week.

And that's the amygdala. The amygdale is the revving it up for a high valence thing, right? I like someone, I really love someone. I hate someone I, really hate somebody.

That's that part that charges it with emotion. So people were so crazed about dying of COVID, giving it to grandma, losing their job, being somebody who caused another spreader event, so once you get them by the amygdala, you can do what you want for most people.

Were there some people that held out? Yeah, like very rarely. There were some doctors that didn't buy in that question. And they were, because this was not about science, it was never about the science.

It was about, cause any science you can't question is not scientific. That's the very heart of the scientific method. it Was about obedience. Ironically, people who despise our current president, they forget that he was the one who conspired to get the Operation Warp Speed through in record time with very little of the usual FDA requirements.

We have a situation where we had Operation Warp Speed, immediate approval, all the sort of vaccine adverse reporting was swept under. And now people are living with a situations where you can go get treated at the long COVID clinic in Mayo, and yet some people will look at you and say, why did you get vaccinated?

Your anti-spike antibodies are off the chart. They have no empathy for the poor guy who did that. who did everything right and yet continued to get injured by the system.

So long story short, Dr. X is right. You can't really trust doctors because they're just people, sadly. Forgivably or even for the better part of you know virtue and valor.

They are just people. We're just People we do what we can with what? We can are we subject to blackmail intimidation? Yes Do we always do the due diligence never to the level of AI and I talk about AI because it knows everything all at once everywhere If you like that movie, so yeah, we're only human we try and do best we Can our doctors typically?

Do-gooders? I would say sadly, no. Are there a lot of people in the medical establishment, especially teaching hospitals, that maybe don't have the clinical skills or the bedside manner they could?

Certainly. And yet, does a charming personality in a busy office mean that the person is not using a surgical technique from 25 years ago that could harm you?

Not necessarily. So, in the old days, when I was practicing, people used to say derisively of Dr. Evil, or I'm sorry, Dr Google. People would come in with a printout from their fax printer saying this is what, and it would not be contextualized, it might be wrong, It would be a waste of our time, And we would derisk of this.

Nowadays, in the age of AI and doctors not being able to keep current with their own literature, let alone the entire breadth of knowable things, I think it's incumbent upon you, sadly, to do a little of your own research.

I mean, this lady called me very hysterical about literally dying. and asking me to reach into my pocket. I mean, it's a little different than the pen handler outside 7-Eleven who you know is just gonna use drugs.

She is like, hey, I'm gonna die soon and I need to leave three kids on this earth. So yeah, does that affect me? Yes. Are we gonna find a way to refer to another person?

Will it help? Maybe. So as far as justice and beneficence, yeah.

Trusting intuition and closing thoughts on ethics

Non-malfeasance, she did her own extensive due diligence talking to people. I would say that it's less than a tenth of a percent of adverse reactions and none of them very serious.

And then finally, autonomy. and I can think of no better example of autonomy than, a woman calling a doctor on a Sunday morning and beseeching him to save her life.

So that's kind of a sort of 35 minute tour of medical ethics. I hate to be the one to bring bad news, but you are the ones you're looking for. You got to, and you can, learn about your condition and everything has to contextualize.

There's never any right or wrong answer except on Monday morning. So sadly, it does behoove you to do your own research. And although I think that the idea of shopping around for value, for reputation, while good, I that in the end, don't trust the amygdala.

Don't the neocortex, which makes up stories. Don't even trust your heart if someone is charming and empathetic. Use your intuition. Intuition is a synthesis of all those things that it is to be human.

And so, if you're getting something that, you know, the doctor says, well, she's never had a problem or nobody ever fails, these are kind of yellow-red flags, nothing in life is perfect.

Yes, do your due diligence, think about it deeply, use AI, but never put all your eggs in one basket. Nobody has a monopoly on truth, let alone ethics.

And in the end, you can question. You can questions the science. Question your own judgment. Change your mind. Hold two things to be true or true-ish simultaneously without going crazy.

Ultimately, that's what it's all about. We need to trust our own intuition. Be able to change, pivot. Accept others for different beliefs because nobody has monopoly over truth.

That's what I want to talk about. I think the book is out of print, maximum lifespan, but it's a fun 190 page, 12 languages, I don't know, 11. But a lot of the stuff I kind of talked about and predicted is here now.

It's manifest. So that's it. Medical ethics. Can we do stuff? Yes. Should we? Maybe. Who will decide? Probably those with the money. But again, systems collapse.

I mean, you never know what the jokers who run this place are going to do next to collapse the system. We'll have to see. Anyway, Dr. Ed Park, if you like this kind non-drug-induced, very lucid association in storytelling, then subscribe and like to the channel and subscribe to my newsletter at RechargedBiomedical.com.

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